DOCUMENT RESUME

ED 455 957 PS 029 726

AUTHOR Wagner, Mary; Spiker, Donna; Gerlach-Downie, Suzanne; Hernandez, Frances

TITLE Parental Engagement in Home Visiting Programs--Findings from the Parents as Teachers Multisite Evaluation.

INSTITUTION SRI International, Menlo Park, CA.

SPONS AGENCY Office of Educational Research and Improvement (ED), Washington, DC.; Robert Wood Johnson Foundation, Princeton, NJ.; Smith Richardson Foundation, Inc., Greensboro, NC.

PUB DATE 2000-02-00

NOTE 73p.; With funding from the National Institute of Early Childhood Development and Education.

PUB TYPE Reports - Evaluative (142)

EDRS PRICE EDRS Price MF01 Plus Postage. PC Not Available from EDRS.

DESCRIPTORS Child Development; Child Rearing; *Home Visits; Parent Child Relationship; *Parent Education; *Parent Participation; Parenting Skills; Parents as Teachers; *Program Evaluation

ABSTRACT

This report presents the findings of a reassessment of an ongoing, multi-site evaluation of the Parents as Teachers (PAT) home visiting program. The evaluation had, from its inception, included data collection and analyses regarding engagement; however, a reassessment of research questions driving the evaluation shifted engagement from a secondary role as a predictor of outcomes to a primary focus of the research. Data gathered as part of the PAT evaluation were used to explore the multiple dimensions of parental engagement and key factors influencing the dynamic engagement process. Following an introductory chapter, chapter 2 of the report describes data sources and analysis methods. Chapter 3 highlights the multiple dimensions of parental engagement in the PAT home visiting program; this is followed in chapter 4 by an analysis of the characteristics of parents that appear to be related to different levels and kinds of engagement. Chapter 5 considers the characteristics and perspectives of parent educators as they relate to parental engagement. Chapter 6 considers the implications that the subject matter of home visiting--information about parenting and child development that is intended to improve parenting behaviors--has for engagement. Strategies for encouraging greater engagement that parent educators report to be effective are outlined in chapter 7, and the final chapter summarizes the findings and remaining questions that could guide further research. Findings include the following: (1) engagement is multidimensional; (2) some dimensions of engagement are independent of others; (3) there is no single profile of an engaged parent; (4) some assumptions regarding barriers to engagement appear to be inaccurate; (5) "intangibles" in the lives of families may be significant influences on engagement; (6) some parent educator qualities were fairly universally reported as crucial to engaging parents successfully; (7) the PAT program's focus on child development and parenting behaviors poses particular challenges for engaging parents; and (8) parent educators use a variety of implicit and explicit strategies to engage parents. (Contains 12 references.) (EV)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 455 957

SRI International

February 2000

PARENTAL ENGAGEMENT IN HOME VISITING PROGRAMS—FINDINGS FROM THE PARENTS AS TEACHERS MULTISITE EVALUATION

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

A. Brenno

2A

Prepared by:

Mary Wagner
Donna Spiker
Suzanne Gerlach-Downie
Frances Hernandez

The Parents as Teachers Multisite Evaluation is being conducted by SRI International, in partnership with the Parents as Teachers National Center, with funding from the National Institute of Early Childhood Development and Education of the Office of Educational Research and Improvement, U.S. Department of Education; the Smith Richardson Foundation; and the Robert Wood Johnson Foundation.

333 Ravenswood Avenue • Menlo Park, CA 94025-3493 • (650) 859-2000 • Fax: (650) 859-2861

PS 029726

BEST COPY AVAILABLE

CONTENTS

1 "Engagement is Everything" 1

2 Methods 5
- Evaluation Design 5
- Site and Family Samples 5
- Data Sources 6
- Analysis Approaches 7

3 Dimensions of Engagement 9
- "Say Yes" Engagement 10
- "Be There" Engagement 15
- "Be Involved" Engagement 17
- "Do the Homework" Engagement 20
- "Look for More" Engagement 23
- Summary 25

4 Parent Factors Related to Engagement 27
- Demographic Characteristics 27
- Potential Barriers to Engagement 30
- Other Qualities of Engaged Parents 37
  - The Primacy of the Parenting Role 37
  - Challenges to Adults as Learners 37
  - Family Context 39
  - Cultural Context 39
- Summary 40

5 Parent Educator Factors Related to Engagement 43
- Background of PEs 43
- Personal Characteristics Reported to Affect PE-Parent Relationships 45
- Skills Related to Their Parent Educator Role 47
- Summary 49

6 Parenting and Child Development as the Focus of Learning 51
- Parenting Behavior as the Focus 51
- General Principles Applied to Individual Situations 52
- Balancing the Child Development "Hype 54
- Concrete Effects of Specific Parenting Behaviors Are Not Always Evident 54
- Parenting: "Anybody Can Do It" 55
- The Voluntary Nature of Program Participation 55
- Summary 56

7 Strategies Used by Parent Educators to Promote Engagement 57
Enrollment Strategies 57
Articulating Parent and Child Benefits 58
Flexibility 59
Persistence 61
Developing a Relationship with Other Household Members 61
Drawing on Available Resources 62
Summary 63

8 Lessons Learned and Remaining Questions 65

References 69

EXHIBIT

Exhibit 1 Conceptual Framework of Engagement in PAT 2

TABLES

Table 3-1 Recruitment Sources of Participant Group Families, by Site 11
Table 3-2 Participation Status of Participant Group Families at Children's First Birthdays, by Site 13
Table 3-3 Reasons Reported for Participant Group Families Dropping Out, by Site 14
Table 3-4 Intensity of Home Visit Participation, by Participation Status and Site 16
Table 3-5 Engagement During Home Visits, by Participation Status and Site 19
Table 3-6 Engagement in Recommended Activities Between Home Visits, by Participation Status and Site 22
Table 3-7 Participation in Parenting Groups, by Participation Status and Site 24

Table 4-1 Demographic Characteristics at Enrollment, by Participation Status 28
Table 4-2 Dimensions of Engagement in Home Visits, by demographic Characteristics at Enrollment 29
Table 4-3 Potential Barriers to Engagement at Enrollment, by Participation Status 32
Table 4-4 Dimensions of Engagement in Home Visits, by Barriers to Participation 33
Table 4-5 Parental Engagement in Home Visits, by Household Environment at Enrollment 35
Table 4-6 Dimensions of Engagement, by Household Environment 36

Table 5-1 Background Characteristics of Parent Educators (PEs) Interviewed, by Site 44

1 "ENGAGEMENT IS EVERYTHING"

This report is an effort to respond to the emerging consensus among researchers, practitioners, funders, and policy-makers in the human services arena that the focus of research and evaluation in that arena should be on identifying promising approaches to improving programs that serve children and families. There is a growing demand that, rather than single-mindedly pursuing questions of whether such programs "work" in achieving specified outcomes, research and evaluation address questions of how programs can improve service delivery so that they maximize the possibility of achieving the benefits to children and families that they seek. One crucial aspect of effective service delivery is actively engaging the families who are served so that they are committed partners in achieving positive outcomes for themselves and their children. "Engagement is everything" (Greenstein, 1998).

In the context of home visiting programs, this need to focus research on program improvement, including engagement, has been articulated clearly:

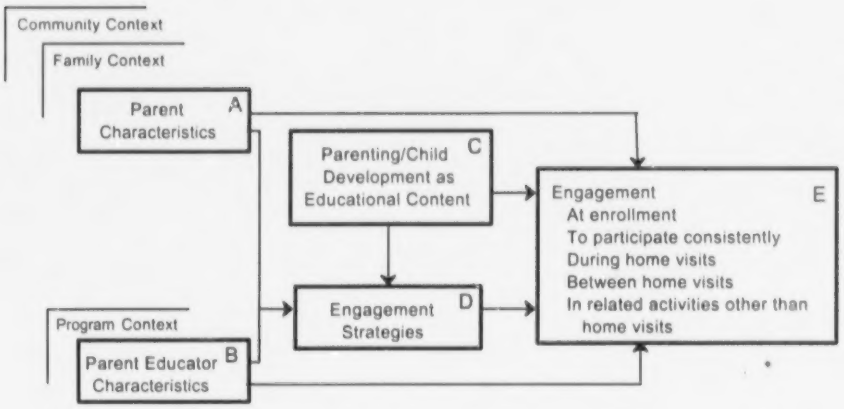
> Existing home visiting programs and their national headquarters should launch efforts to improve the implementation and quality of services. These efforts should include ongoing assessments of practices concerning the enrollment, engagement, and attrition of families.... In support of these efforts, research should be crafted primarily to help programs improve..., for example, to explore which families are most likely to engage in...services. (Gomby, Culross, and Behrman, 1999, p. 21)

We have taken this charge to heart. This report presents the results of a midcourse reassessment of an ongoing, multisite evaluation of the Parents as Teachers (PAT) home visiting program. This evaluation has, from its inception, included data collection and analyses regarding such aspects of engagement as attrition, intensity of service delivery, and ratings of parent engagement by parent educators who serve them. These factors are expected to be related powerfully to the kinds of outcomes we measure for both parents and children.

However, a reassessment of the research questions that drive this evaluation has led us to shift the issue of engagement from a secondary role as a predictor of outcomes to a primary focus of research. Our analyses are an effort to illuminate the multiple dimensions of parental engagement and the key factors that are thought to influence the dynamic engagement process. This process and related factors are presented in the conceptual framework in Exhibit 1. The research questions that we pose regarding parent engagement are intended to illuminate each of the major components of the framework and the relationships among them:

- What are the important dimensions and dynamics of parental engagement in home visiting programs (Box E)?
- How do the characteristics of parents, within their family and community contexts, relate to parental engagement (Box A)?
- How do characteristics of parent educators, within their program contexts, relate to parental engagement (Box B)?

Exhibit 1
CONCEPTUAL FRAMEWORK OF ENGAGEMENT IN PAT



- What implications does the content area of home visiting—parenting education and child development—have for the kinds and levels of engagement parents exhibit (Box C)?
- What strategies do parent educators report using effectively to engage families (Box D)?
- What implications do the findings regarding these questions have for improving the practices used in home visiting programs to engage the families they serve?

We begin to provide answers to these questions from data gathered as part of the Parents as Teachers Multisite Evaluation. This evaluation is a randomized clinical trial that is assessing the effectiveness of the PAT program, which provides parenting education, primarily through home visits, to families with young children. The evaluation is being conducted with three ongoing PAT programs that serve large proportions of low-income families. The evaluation is funded through a public-private partnership between the National Institute of Early Childhood Development and Education (NIECDE) of the Office of Educational Research and Improvement in the U. S. Department of Education, the Robert Wood Johnson Foundation, and the Smith Richardson Foundation.

The evaluation, being conducted by SRI International, involves 667 families, who were recruited by local PAT programs in the three evaluation communities and randomly assigned by SRI to participant and control groups in each community. The intent of the evaluation is for participants to receive monthly home visits from PAT parent educators for as long as they choose to participate, through "graduation" at children's third birthdays; group parent education meetings and "drop in and play" sessions for children and families also are part of the PAT program. Control group members receive only those community services for parents and children that they arrange at their own initiative.

The evaluation assesses program outcomes in terms of parenting knowledge, attitudes, and behaviors, and children's development. Outcomes are measured by "field evaluators" hired, trained, and supervised by SRI. Field evaluators collect outcome data for parents and children each year around children's birthdays; they are unaware of the group assignment of the families from whom they collect data. In addition, parent educators provide information on the number and content of home visits that families receive and on families' levels of engagement in home visits.

In raising the priority of parental engagement as a topic of research, we have expanded the kinds of data and analyses that we bring to the research questions beyond the quantitative measures described above. In the spring of 1999, SRI staff conducted extensive interviews with parent educators and the local program coordinator in each community and held focus groups with parents to obtain the perspectives of both practitioners and parents regarding the important and complex issues of parental engagement in PAT. We blend the findings drawn from analyses of these qualitative data with the quantitative data on intensity of home visiting participation in addressing the questions regarding parental engagement that are listed above.

In Chapter 2, we describe the data sources and analysis methods that support the findings reported here. Chapter 3 then highlights the multiple dimensions of parental engagement in the PAT home visiting program. This is followed, in Chapter 4, by an analysis of the characteristics of parents that appear to be related to different levels and kinds of engagement. Chapter 5 considers the characteristics and perspectives of parent educators as they relate to parental engagement. Chapter 6 then considers the implications that the subject matter of home visiting—information about parenting and child development that is intended to improve parenting behaviors—has for engagement. Strategies for encouraging greater engagement that parent educators report to be effective are then outlined in Chapter 7. The final chapter summarizes the findings and remaining questions that could guide further research.

2 METHODS

The Parents as Teachers Multisite Evaluation supports both a rigorous quantitative assessment of program participation and outcomes and a qualitative exploration of views of parents and parent educators (PEs) regarding issues of parental engagement. Below, we describe the design of the evaluation, the site and family samples, the data sources used for this report, and the analysis strategies employed.

Evaluation Design

The evaluation employs an experimental design, with enrolled families being randomly assigned by SRI to a participant or control group at each site. Families were recruited by program staff, who obtained demographic and family background information from families and transmitted that information to SRI. Families were randomly assigned at SRI, with a 60% chance of assignment to the control group and a 40% chance of assignment to the participant group. There were no statistically significant or meaningful differences between the participant and control groups for the evaluation overall or at any individual site (Wagner, 1998).

Site and Family Samples

Program selection. In the design phase of the evaluation, it was determined that the family sample could be generated in four communities. SRI worked with the PAT National Center staff to use its management information system to identify programs from which to draw the study sample. Initial selection criteria for the programs included: (1) in operation for at least 2 years, (2) providing services to a minimum of 100 new families annually, (3) serving a high proportion of low-income families, and (4) offering home visits at least monthly. Four sites were selected and invited to participate. One site that declined was replaced, yielding the desired sample of four sites. One site subsequently withdrew after the initial enrollment period, leaving the current sample of three sites.

Selecting the family sample. Sites were requested to concentrate their recruitment on families with infants up to 8 months of age, to focus on areas in which a concentration of low-income families could be enrolled, and to overenroll families as a method of generating enough candidates to form the randomized PAT and control groups. Staff at each site were asked to recruit 225 to 250 families. A total of 667 families were recruited in the three sites. Statistical power analyses suggested that this sample would be sufficient to yield a final sample (assuming 15% attrition per year) of 3-year-olds large enough to detect group differences of the magnitude usually associated with home visiting programs (i.e., typical effect sizes of .2 to .25).

Data Sources

A variety of data sources* are being used to illuminate the conceptual framework presented in Chapter 1. Quantitative measures come from the following sources:

- **Enrollment Form.** PAT recruitment staff used an enrollment form to record information about each family (e.g., ages, composition, ethnicity) at the time of enrollment or shortly thereafter. The form also recorded the frequency with which parents sought information on children or parenting from other sources, as an indicator of motivation or interest in those subjects. The parents' assessment of the level of stability in their household also was included, as was previous experience with classes or employment related to child development or child care. Data from this instrument are used to describe the characteristics of families with different levels of engagement in PAT.
- **Home Visit Record.** PAT program staff use the Home Visit Record form to indicate dates and content of visits, who was present, referrals made, results of child screenings, etc. Group meeting attendance also generally is recorded.
- **Parent Engagement Assessment.** The parent educator who works with each family completes a rating of several aspects of the engagement of the family in home visits, as well as indicating the extent to which family members other than the primary parent are involved in home visits. The form is completed at the birthday of each participant group child, as long as the family participates in PAT.
- **Home Observation and Measurement of the Environment (HOME) Inventory.** The HOME Inventory (Caldwell and Bradley, 1984) is a commonly used measure for assessing parents' behaviors toward their children and the extent to which they provide an environment that supports positive child development. The HOME measurement is conducted by a "field evaluator" who is hired, trained, and supervised by SRI. Measurement is conducted in the homes of study families at children's birthdays.

Qualitative information was drawn from the following sources during site visits to the three participating communities. Site visits were made by a three-person team that included one of the project co-directors and the two site liaisons for the study.

- **Home visit observation.** While on-site, the two site liaisons and the project co-director observed a minimum of four home visits. The purpose of these observations was to document and understand variations in how parent educators and parents engage in the home visit experience. The home visit also served as a concrete experience to use in some of the questions in subsequent parent educator interviews (see below). A home visit observation protocol was used as an informal guide to help the observers note a variety of aspects of the experience.

---

* Only sources for the data included in this report are described here. The outcome-oriented aspect of the evaluation includes additional measurement instruments that focus on parent-child interaction and child development.

- **Parent educator interviews.** Each parent educator whose home visit was observed by an SRI team member was interviewed after the home visit regarding general issues of engagement of families and the parent educator's view of what PAT accomplishes for families and children and how. The home visit that was observed was used as a focus of several interview questions to make them more concrete for the parent educator. In addition, interviews (without home visit observations) were conducted with an additional four parent educators at each site. For these interviews, we selected from the database the names of a high-participation and a low-participation family served by each interviewed parent educator. The interviews included reference to these families and questions geared toward drawing out the differences in the families and in the parent educators' strategies for engaging them.
- **Focus groups.** During each site visit, two focus groups were conducted with participating parents, scheduled at times recommended by site coordinators. All participating PAT families (i.e., non-dropouts) were invited to take part. Of particular interest were parents' perspectives on why they stay in, what they think their participation does for them and their children, and the dynamics of the relationships or visits when they make a particularly strong connection with their home visitor.
- **Coordinator interview.** A variety of implementation issues were investigated with the site coordinator for each project during a one-to-one interview.

Analysis Approaches

Quantitative data are presented primarily as descriptive statistics, generally means and percentages. They are presented for the total sample of participants and often for each of the three sites to depict the range of experience with parental engagement in the different communities.

Qualitative data have been analyzed with cross-case analysis techniques in which each parent who participated in a focus group and each parent educator who was interviewed were considered a case. Cross-case analysis of interview and focus group data involved systematic review and arrangement of interview and focus group notes around selected topics of interest (e.g., parent-PE relationships, PE strategies for engagement). After the analysis team (project co-directors and site liaisons) reviewed all the notes, we engaged in intensive analysis of the themes that emerged across the cases. Propositions were generated regarding a particular topic, and then the cases were used to refute, support, or restate the proposition. If all cases supported the proposition, it was upheld. If some cases upheld but some refuted a proposition, the proposition was modified or limiting conditions were added until it was a statement that accounted for the variability observed across the cases.

3 DIMENSIONS OF ENGAGEMENT

The concept of engagement is multidimensional; it goes beyond the usual attention to program retention that typically is addressed in research on family support programs. Families can demonstrate positive engagement on one dimension of participation in their home visiting program, such as keeping appointments, and yet engage only weakly or not at all in other aspects, such as carrying out recommended activities between visits. If program practitioners are to take on the engagement issue effectively to enhance the active involvement of parents as partners in achieving the benefits of home visiting programs, the several dimensions of engagement must be considered.

Here, we use data from the PAT Multisite Evaluation to illuminate five dimensions of engagement and to explore the relationships among them. We suggest that engagement in home visiting includes:

- **"Say yes" engagement**—the engagement needed for initial enrollment into the program.
- **"Be there" engagement**—the engagement that prompts consistent participation in home visits over time.
- **"Be involved" engagement**—the engagement during a home visit that is necessary to produce the full impact of the visit.
- **"Do the homework" engagement**—the engagement demonstrated by using PAT information and doing PAT activities between home visits.
- **"Look for more" engagement**—the engagement that spurs participation in PAT activities beyond home visits (e.g., parent groups) or related parenting and parent-child activities.

These multiple dimensions suggest that the concept of engagement is more complex than what is involved in the initial enrollment of a family into a program. Our analysis of data from this multisite study belies the notion expressed by a parent educator that

> *"if you can get your foot in the door, they will probably be hooked.... If you are a concerned parent and you don't have too many outside stresses, then you want in."*

Getting "your foot in the door" and families "wanting in" is only the first stage in a more complex experience of being fully engaged in a program so that its benefits are likely to accrue to participants.

We hypothesize that these various dimensions of engagement may operate fairly independently of each other. For example, a given parent may enroll in the program and yet participate sporadically, or may keep appointments consistently but do little between visits to put information or activities into practice with her child. Data from the PAT evaluation help to explore these relationships.

"Say Yes" Engagement

This initial dimension of engagement is exhibited by parents at the point they enroll in PAT, when, typically, they are sufficiently attracted by the program and motivated to learn more about parenting and

to help their child(ren) that they "say yes" to the invitation to enroll and agree to an initial home visit. However, the context of the multisite evaluation was not the typical PAT enrollment experience. Although the evaluation involves ongoing local programs that operate as closely as possible to routine procedures, it became clear quite early in the evaluation that the very fact that local programs were part of the evaluation significantly altered the normal enrollment process, with important implications for this first dimension of engagement.

The fact that the evaluation employs an experimental design with random assignment to participant and control groups required that a larger than normal group of families "say yes" to recruitment efforts. Only 40% of families would actually be assigned to receive home visits, enough to fill the usual caseloads of the PEs in the programs. However, 60% would be assigned to a control group, which would receive free child assessments annually and free children's books several times a year, but would not receive home visits or parenting information. Thus, in order to have sufficient families for both the participant and control groups, programs were asked to recruit 250% of the families they actually could serve and would normally recruit. Although participating programs felt confident that they could meet the recruitment goal, all programs discovered that meeting the goal was more difficult than expected and that it required recruitment activities that were beyond their usual mode of operation. In fact, the recruitment period was extended in every site, yet only one was able to meet the goal of recruiting 225 to 250 families (Site 2, with 247 families). Sites 1 and 3 recruited 206 and 214 families, respectively.

The following differences from routine recruitment procedures were apparent as local programs went about enrolling families for the study:

Recruitment as a new activity. Although many PAT programs actively recruit families, others, including those in the evaluation, find that most new families who enroll in PAT initiate contact with the program. They hear about the program from a friend who participates, receive a flyer sent home from school with an older child, or pick up a brochure at their pediatrician's office or another location they frequent. They are sufficiently interested to call the program and initiate enrollment. In fact, some programs have a waiting list of such families so that any opening in a PE's caseload is filled promptly with a family who sought out the program.

Self-referral and taking families from a waiting list were not sufficient, however, to generate the larger number of families required by the participant and control group design of the evaluation. Active recruitment was undertaken as a fairly new activity by two of the three local PAT programs. These activities added to the workload of the program and required skills that differed in some respects from the skills of effective parent education. Not all PEs were interested in or good at recruitment; each program needed to identify a recruitment strategy and staffing approach that suited its staff and community.

New locations and mechanisms. Regardless of whether programs had actively recruited families before, all programs initiated recruitment through new mechanisms and at new locations to some extent. Doing so was particularly important because of the intent of the evaluation to assess the impacts of PAT for low-income families. The programs' commitment to increasing the number of families from low-income areas of their communities often took them outside their usual geographic areas.

Table 3-1 indicates the sources from which families in the multisite evaluation were recruited. The office of the Supplemental Feeding Program for Women, Infants, and Children (WIC) was the most lucrative source of recruits (42%), albeit largely a new source of families for the programs. Because WIC serves primarily low-income mothers and young children, it was a logical and productive source of appropriate families. However, there was a "learning curve" to climb in developing an effective strategy for approaching mothers who were waiting to receive WIC vouchers or other services. Waiting rooms often were crowded and chaotic; mothers often listened to the invitation to enroll in PAT to pass time, rather than out of genuine interest; and some mothers may have confused enrollment in PAT as a requirement to receive their WIC food vouchers.

Table 3-1

RECRUITMENT SOURCES OF PARTICIPANT GROUP FAMILIES, BY SITE

	Total Sample	Site 1	Site 2	Site 3
Percentage recruited from:				
WIC office	42.4	3.7	56.4	72.6
Doctor, hospital, clinic	21.4	53.7	2.1	8.1
Word of mouth	9.2	19.5	3.2	4.8
Self-referral	2.9	4.9	2.1	1.6
Other	24.0	18.3	36.2	12.9
Sample size	238	82	94	62

Medical offices, word of mouth, and self-referral, which are sources of the majority of newly enrolled families under typical circumstances, were much less common recruitment sources for the evaluation. The one exception to this pattern is Site 1, where staff reported that recruitment activities for the evaluation substantially paralleled those used under their normal operating conditions, despite the considerably larger number of new enrollees needed for the evaluation. Medical offices continued to be the primary recruitment sources at that site.

> *"I was interviewing with a pediatrician before Julie was born. I was asking about developmental issues and how would I know, and they recommended it.... I called them* [the PAT program]*; then I got on a waiting list. They called me a couple of weeks later."* (A PAT participant)

New recruitment procedures. Recruitment was carried out not only in new locations but also in new ways. An important difference in procedure involved the person who was assigned responsibility for recruitment. Under normal conditions, the person a family first encounters in seeking information about PAT also would be the PE who provides that family with its home visits. For example, in one site, PEs are assigned to geographic areas and work out of neighborhood elementary schools. When a family in a neighborhood inquires about PAT, the parent inquires at that neighborhood school of the PE assigned there; if the family enrolls, that PE would become its home visitor. In contrast, the more

intensive recruitment required because of the evaluation prompted local programs to hire or reallocate work to free up staff to work exclusively on recruitment. Thus, the staff member whom families met as they were recruited was not the person who contacted them to arrange for their first home visit. PEs reported that when parents were contacted, they replied somewhat suspiciously that "*you are not the person who I talked with before.*"

> *"Families almost recruit their own parent educator in that, if they like them at the recruitment, they want to see them."* (A PE)

The fact that their assigned PE was a stranger may have discouraged some parents from responding positively when they initially were contacted for home visits.

Another procedural difference involved the timing of recruitment. For example, in Site 3, the school-district-affiliated program operates on a school year schedule and does not provide home visits during the summer. However, the staff and evaluators were eager to recruit families and did so through the summer months. Thus, the families recruited during the summer were not offered home visits until the fall. Given the high mobility of some families, when PEs contacted them in the fall for home visits, many families could not be reached at the address or telephone number they had given at enrollment. Further, the hiatus between recruitment and the first visit may have dampened the enthusiasm of parents to receive home visits, even among those who were enthusiastic at enrollment. Site 2 also experienced the negative effects of delay; as one staff member indicated,

> *"The enrollment process took a long time from the moment they enrolled to when they actually had their first home visit, and that wasn't ideal."*

Mixed program message. Normally, families who enroll in PAT do so because they are interested in receiving home visits. Undoubtedly, some of the parents who enrolled in the evaluation also were interested in receiving home visits. However, this was only one of two program options presented to them. PAT recruiters explained that the program involved two groups—one would receive regular home visits and parenting education and regular child assessments, and one would receive annual child assessments and free children's books several times a year. Some families might have "said yes" to the initial enrollment invitation because they were as interested, or even more interested, in the control group option of free assessments and children's books, as in home visits and parenting education. One PE explained, *"When they* [the families] *found out that it wasn't something given them, when it wasn't books and gifts,"* they were less committed than other families she had and *"didn't understand what PAT was really about when they were recruited for*

The end result of actively recruiting families, rather than relying on self-referrals, and recruiting under atypical conditions and in atypical locations in which the precise nature of the program and the expected commitment of parents to it may have been unclear resulted in recruiting families with substantially less motivation to participate than typical PAT families, according to program staff in two of the three sites. Although the evaluation intended for programs to operate normally so as to assess their effectiveness under routine conditions, it is clear that the process of conducting an evaluation resulted in changes in routine procedures that have implications for engagement and, potentially, for program effectiveness.

This impact of the evaluation is evident in the number of families who "said yes" to the initial invitation to enroll in the evaluation but never actually began home visits. Table 3-2 demonstrates that, overall, more than one in five families who "said yes" to the initial enrollment invitation did not then follow through and agree to begin home visits when they were assigned to the participant group. This was a more common pattern of attrition than beginning home visits but discontinuing participation in the early months of the program, which characterized only 13% of families overall. This relatively low attrition after beginning the program may be a result in part of the higher-than-usual effort PEs made to stay in contact with study families.

> *"People are feeling the need to pursue clients longer than they would otherwise* [because of the study's need to minimize attrition]. *PEs are calling more on the more difficult, more resistant families. That's time consuming and getting a little old."* (A site coordinator)

Table 3-2

PARTICIPATION STATUS OF PARTICIPANT GROUP FAMILIES AT CHILDREN'S FIRST BIRTHDAYS, BY SITE

	Total Sample	Site 1	Site 2	Site 3
Percentage who:				
Never began home visits	21.7	3.7	26.0	33.0
Began home visits, but dropped out by child's first birthday	12.9	11.0	9.4	18.1
Persisted with home visits through first birthdays	65.4	85.4	64.6	48.9
Sample size	238	82	94	62

Even when we consider the combined rate of nonengagement of both those who never began visits and those who dropped out (34.6%), the rate of attrition from the program in the PAT multisite evaluation is within the range of attrition experienced by other programs. For example, an evaluation of Hawaii's Healthy Start home visit program found attrition during families' first year in the program to average 51% across three sites (Duggan et al., 1999). An evaluation of PAT for teen parents in four California communities recorded an average attrition rate of 57% through children's second birthdays (Wagner, Cameto, and Gerlach-Downie, 1996), and an evaluation of PAT among largely Latino families in one community in California showed attrition from the program of 43% through children's third birthdays (Wagner, Clayton, Gerlach-Downie, and McElroy, 1999).

In the multisite study, there are marked differences between sites in this first dimension of engagement. Site 1, where staff reported that their recruitment process substantially mirrored their typical process, had very few families (4%) who did not carry through on their "say yes" engagement and actually begin home visits; the vast majority (85%) began home visits and were still receiving them at their children's first birthdays. In contrast, Site 3 had one-third of their participant group families who never began home visits. Site 2 also experienced a fairly high incidence of enrolled families who did not

engage in even one home visit (26%). In Site 3, recruitment was conducted in previously unserved geographic areas, and in both Sites 2 and 3, a time lag between recruitment and the contact to arrange the first home visit occurred for many families. In fact, the average time lag between enrollment and the first home visit for those who ever began home visits was 1.3 months in Site 1, 2.8 months in Site 2, and 3.2 months in Site 3. However, it is unclear to what extent this time lag actually contributed to attrition because the time lag actually was longer for families who ultimately persisted through children's first birthdays (2.4 months, on average) than for families who began home visits but dropped out before first birthdays (2.2 months, on average). The difference was greatest in Site 3 (2.6 months vs. 3.4 months), with the longer time gap being for persisters, not dropouts.

The site-to-site differences in engagement along this first dimension offer support for the conclusion that the new recruitment activities and procedures undertaken as a result of the evaluation, particularly in Sites 2 and 3, resulted in recruiting families who were much less engaged in home visits than families who typically "say yes" to enrolling in PAT.

> *"There is a higher level of interest in the people who are nonstudy families, because they were self-referred or had some connection."* (A site coordinator)

This perceived lower motivation on the part of study families is supported by reports of the primary reason families dropped out of PAT (see Table 3-3). PEs perceived that the primary

Table 3-3

REASONS REPORTED FOR PARTICIPANT GROUP FAMILIES DROPPING OUT, BY SITE

	Total Sample	Site 1	Site 2	Site 3
Percentage with reported reason for dropping out as:				
Difficult to contact	46.8	16.7	50.0	52.1
No longer interested	23.4	8.3	32.4	20.8
Moved from the community	22.3	75.0	11.8	16.7
Family objection	3.2	.0	2.9	4.2
Temporarily left, expected to return	2.1	.0	2.9	2.1
Went to work	1.1	.0	.0	2.1
Personal problem	1.1	.0	.0	2.1
Sample size	94	12	34	48

reason their typical families dropped out was that *"they move or...they outgrow the program."* Other evaluations of PAT (Wagner et al., 1999; Wagner, Cameto, and Gerlach-Downie, 1996) also suggest that families' moving from the community is the most common reason for attrition. However, in the multisite study communities, difficulty of contacting families (arguably reflecting a lack of interest in being contacted) and an explicit lack of interest in the program were the most commonly reported reasons for families' dropping out, accounting for 70% of dropouts.

In fact, local program staff contended that it was highly unlikely that the families who never began home visits would actually have "said yes" to enrolling in PAT under the program's more typical recruitment circumstances. They argued that the population of families who actually began home visits was more reflective of those typically recruited. Therefore, the remainder of our discussion of dimensions of engagement will focus, when possible, on the participant group families who had at least one home visit.*

"Be There" Engagement

The second dimension of engagement involves the motivation to participate consistently in home visits over time. Although there are many reasons why parents may not have regular home visits, one key factor is parental motivation. It is reasonable to assume that families who are more actively engaged will make a greater effort to keep their home visit appointments, resulting in a higher likelihood of receiving the monthly home visits that programs planned to provide. However, many parents are not motivated to stay in touch with their PEs.

> *"There are those who move and you actually know that they moved. And then there are those* [where] *. . . there is no phone call, there is no sign that they were ever there. The bill collectors are probably looking for them too. It is like the family just up and left. With some of the teens, they will start meeting you at the boyfriend's parents or her* [the parents] *try to get a place on their own, and sometimes that works and more often than not that doesn't. And then they are wherever. They are all over the place. Then it is hard to track them."* (A PE)

For purposes of this analysis, we assume that the regularity with which families receive home visits reflects, at least in part, "be there" engagement. Table 3-4 depicts the rate at which families received home visits. Overall, PAT participants received 4.9 home visits between beginning home visits and children's first birthdays or dropping out, whichever came first.

---

* The data used in this chapter come from a variety of sources, including PE ratings given to all participant families, home visit records completed by PEs, and interviews with families conducted in their homes by SRI field evaluators. Because not all families agreed to the interview, the sample size is smaller for this last data source. There are too few interviews of families who began home visits, but then dropped out, to focus on this group when using interview data. For variables taken from interviews, dropouts are combined with families who never began their home visits.

Table 3-4

INTENSITY OF HOME VISIT PARTICIPATION, BY PARTICIPATION STATUS AND SITE

	Total Sample			Site 1			Site 2			Site 3		
	All Participants	Dropouts [1]	Persisters	All Participants	Dropouts	Persisters	All Participants	Dropouts	Persisters	All Participants	Dropouts	Persisters
Average number of home visits received	4.9	**2.2**	**5.5*** **	6.5	**2.9**	**7.0*** **	4.7	**2.8**	**5.0*** **	2.9	**1.6**	**3.6*** **
Percentage with number of home visits												
1 or 2	26.5	**62.9**	**18.2*** **	9.5	33.3	6.2	25.4	**55.6**	**20.4***	51.9	**82.4**	**37.1*** **
3 to 6	42.8	**34.3**	44.8	39.2	66.7	35.4	50.8	33.3	53.7	38.5	17.6	48.6
7 or more	30.7	**2.9**	**37.0*** **	51.4	**.0**	**58.5*** **	23.8	11.1	25.9	**9.6**	**.0**	**14.3***
Average ratio of home visits to months participating [1]	.78	**.29**	**.90*** **	.85	**.32**	**.92*** **	.82	**.40**	**.89*** **	.66	**.22**	**.87*** **
Percentage with ratio of home visits to months participating [2] of:												
.1 to .4	23.9	**80.0**	**11.1*** **	12.2	**66.7**	**4.6*** **	19.4	**55.6**	**13.2***	46.2	**100.0**	**20.0*** **
.5 to .9	31.4	**17.1**	**34.6***	39.2	33.3	40.0	30.6	33.3	30.2	21.2	**.0**	**31.4*** **
1.0 or above	44.7	**2.9**	**54.2*** **	48.6	**.0**	**55.4*** **	50.0	**11.1**	**56.6*** **	32.7	**.0**	**48.6*** **
Sample size	189	33	154	74	9	65	63	9	54	52	15	35

[1] Dropouts are those who began home visits but discontinued their participation at or before children's first birthdays.

[2] "Months participating" is the number of months between the first visit and the dropout date (for dropouts) or children's first birthday.

Asterisks indicate differences between dropouts and persisters that are statistically significant in a one-tailed test at the following levels: * = p<.05; ** = p<.01; *** = p<.001.

However, more than one in four families (26%) received only one or two home visits, and 31% received seven or more visits.

If families received the monthly home visits the PAT programs intended to provide, the ratio of home visits to months participating would be 1.0 (one visit per month). Overall, almost 45% of families had a ratio of 1.0, receiving the monthly home visits the program intended. The average ratio of home visits to months participating was .78, or the equivalent of almost 8 visits in 10 months.

Achieving less than the intended intensity of home visits appears to be endemic to the field, regardless of the number of visits intended. In summarizing the results of evaluations of several home visiting programs, Gomby et al. (1999) concluded that "Once families were enrolled they received on average about half the scheduled number of home visits, no matter what the intended frequency of visits was" (p. 16). Families who remained enrolled in Hawaii's Healthy Start program after 1 year had received an average of 22 visits, not the weekly visits intended, for example (Duggan et al., 1999). A nurse home visiting program delivered an average of 53% and 55% of the intended 60 home visits in its two sites (Olds et al., 1999).

The PAT sites differed substantially in the intensity of home visits their families received. Site 1 averaged 6.5 home visits for participants. In contrast, Site 2 averaged 4.7 home visits for participants, and Site 3 averaged 2.9. Whereas about half of families received monthly home visits in Sites 1 and 2, fewer than one-third had a ratio of 1.0, or monthly home visits, in Site 3.

Not surprisingly, on average persisters had more than twice as many home visits (5.5) as did dropouts (2.2) through children's first birthdays. More than 6 in 10 dropouts (63%) left the program after only one or two home visits; interestingly, 18% of persisters also had only one or two visits between starting their home visits and children's first birthdays. Almost 3% of dropouts, but more than half (54%) of persisters, received the intended intensity of service before children's first birthdays, having a ratio of 1.0 or more. More than one-tenth of persisters (11%) and the vast majority of dropouts (80%) had a ratio of home visits to months enrolled of .1 to .4 (the equivalent of one to four visits in 10 months). Thus, the decision of dropouts to leave the program appears to have been the final act in a pattern of low "be there" engagement relative to those who persisted through first birthdays.

"Be Involved" Engagement

The third dimension of engagement refers to the involvement of families during the home visits they receive. Parents can differ markedly in the attention they pay to PEs during the visits. This variation may, in part, reflect differences in the personalities of parents, in that some are more given to verbal expression, whereas others are more prone to listen and absorb, rather than actively converse with others in a learning situation. Despite this natural variation among parents, active engagement in home visits through discussion and responding to questions is seen by PEs as critical to the success of the visits. We observed one home visit, for example, that was primarily PE directed. The PE explained that she felt that a better home visit would have had the parent talking more and had more parent-child activity time, but that this parent often let the PE lead the activity with the child and did not take part in

the activity unless strongly encouraged to do so. Another PE suggested that engagement is key to a "good visit":

> *interacting with the toys and games I brought, mom was in a good space, receptive, talking, having comments and questions, being open about what's going on with her, talking some about something we did the last time that she tried."*

For this "be involved" dimension of engagement, parent educators were asked to rate parents on four aspects of their engagement in home visits: overall engagement, listening to the PE, asking questions, and asking for advice about specific issues. For each aspect, PEs rated families on a scale ranging from 1 (needs improvement) to 7 (excellent). Table 3-5 presents average ratings for participants overall and in each site. PEs also reported whether more than one adult ever participated in home visits, an indicator of the breadth of engagement in the program among adults in the household.

PEs rated parents fairly highly on their overall engagement, averaging 5.1 (a rating of "good"). Interestingly, parents were rated highest on listening to PEs (e.g., 5.4), a relatively passive form of engagement that could be exhibited by any parent, regardless of how outgoing or verbal they are by nature. Parents received substantially lower ratings, on average, on asking questions and asking for advice on specific issues (4.6 and 4.3, respectively; $p<.001$ compared with score for listening). In fact, the overall rating is correlated most highly with passive engagement (listening, $r = .68$, $p<.0001$) and progressively less highly with dimensions of more active engagement (asking questions, $r = .57$; asking for advice, $r = .37$; $p<.0001$ for both correlations). This finding suggests that passive engagement was more strongly reflected in the overall engagement rating; PEs may have had lower expectations for more active engagement and did not reflect that engagement as strongly in their overall ratings. PEs also reported that almost three-fourths (73%) of families had more than one adult participating in home visits at least once.

Differences between sites were marked, with Site 1 again showing stronger engagement by parents overall than other sites. For example, participants in Site 1 were rated 5.7 on average for their overall engagement, compared with 4.9 for Site 2 and 4.5 for Site 3 ($p<.01$ and $p<.001$, respectively). These site differences were consistent for the various ratings of engagement. However, there were no significant differences between sites in the extent to which more than one adult had participated in home visits.

The lower scores for the dropouts provide evidence that the retention of parents in the program is related to "be involved" engagement, as it was to "be there" engagement. Those who eventually dropped out were rated as less engaged overall (3.4 for dropouts in the full sample) while they participated than were parents who persisted in the program (5.5 for persisters, $p<.001$). They also were significantly less likely than persisters to have had more than one adult participate in a home visit. The difference between dropouts and persisters is consistent for each rating of engagement and for multiple-adult attendance in each site. However, the most notable differences in PE ratings between dropouts and persisters were in Site 3.

Table 3-5

ENGAGEMENT DURING HOME VISITS, BY PARTICIPATION STATUS AND SITE

	Total Sample			Site 1			Site 2			Site 3		
	All Participants	Dropouts	Persisters	All Participants	Dropouts	Persisters	All Participants	Dropouts	Persisters	All Participants	Dropouts	Persisters
Average score for:												
Overall engagement	5.1	**3.4**	**5.5*** **	5.7	**3.8**	**5.9***	4.9	**3.8**	**5.3****	4.5	**2.9**	**5.2*** **
Parent listens to PE during visits	5.4	**4.4**	**5.7*** **	5.7	4.5	5.8	5.2	4.4	5.5	5.3	**4.3**	**5.8****
Parent asks questions during visits	4.6	**3.4**	**5.0*** **	5.0	3.6	5.2	4.4	4.0	4.7	4.3	**2.9**	**4.9*** **
Parent asks for advice during visits	4.3	**3.3**	**4.6*** **	4.6	3.3	4.7	4.3	4.3	4.5	4.0	**2.7**	**4.6*** **
Percentage with more than one adult participant in at least one home visit	72.7	**48.4**	**78.7****	75.7	42.9	79.4	77.8	55.6	81.5	64.4	46.7	72.7
Sample size	184	32	150	70	7	63	66	9	54	48	15	33

Asterisks indicate differences between dropouts and persisters that are statistically significant in a one-tailed test at the following levels: * = p<.05; ** = p<.01; *** = p<.001.

"Be there" engagement and "be involved" engagement also are related. Intensity of home visit participation, as measured by the ratio of home visits to months participating, is significantly correlated with the overall engagement rating (.33, $p<.0001$) for participating families as a whole and across the sites. Correlations of intensity of home visits with listening to PEs and asking questions also are statistically significant, though not as strong (.17 in both cases, $p<.05$). Asking for advice from PEs is not correlated with the intensity of home visit participation.

"Do the Homework" Engagement

The fourth dimension of engagement relates to the involvement of families with PAT information, ideas, and materials between home visits. Trying out suggestions made by PEs or making or playing with PAT materials are examples of this form of engagement. Some PEs are quite explicit about expecting parents to carry out specific activities between visits. For example, one PE we interviewed indicated that she gives parents "homework" and, at the next home visit, asks them to demonstrate that they have done it. This homework could be

> *"read to your baby every day, or put this toy out of reach so that your baby will try to reach for it by crawling."* (A PE)

One PE explained that parents who have low self-esteem feel better about themselves when they are able to tell her that they followed through with the suggested activity. This PE reported that she always leaves a book and an activity to encourage the development of a particular skill. Consistent with this view, some parents reported doing the "homework" and feeling good about the activities.

> *"I've always read to her and showed her books and sang her ABCs.... It just makes me feel so proud because I feel like I've taught her something that's going to benefit her*
> (A parent)

Other PEs, however, do not make specific assignments or ask for accountability regarding parents' activities with their children between visits. For example, when asked how much she connected visits together by asking parents whether they had tried ideas raised in a previous visit, one PE described her home visits as

> *"probably more stand-alone. I know we're supposed to talk about follow-up, but a month feels like a long time* [to raise an issue from the prior visit]. "

The absence of follow-up on the part of PEs has been identified as a "weak link" in the theory of change regarding how PAT would have benefits for children (Hebbeler and Gerlach-Downie, forthcoming).

Overall, parents were rated 4.9 on a 7-point scale (ranging from 1, "none of the time," to 7, "all the time") for the frequency with which they followed through on suggestions made by PEs (see Table 3-6). The average rating was slightly higher in Site 1 than in other sites, as was true of other PE ratings, but the differences were not statistically significant.

Table 3-6 indicates that parents generally reported that they read books to children, on average, "3 to 6 times a week," a rating of 3. Telling stories, saying nursery rhymes, and singing songs were more frequent, scoring 3.4. Talking to children and asking questions as part of everyday activities and while reading books were reported to be done "fairly often" to "every day," scoring 3.3 and 3.4, respectively. Counting things and saying counting rhymes and reading aloud during everyday activities were somewhat less common, scoring 3.1 and 2.8, respectively.

These activities were correlated with each other, in that parents who reported doing one of them frequently were likely to do others frequently as well. Correlation coefficients ranged from .14 to .44, with all relationships being statistically significant except between reading books to children and talking to them while doing everyday things.

There was a general pattern of higher engagement in these activities in Site 1 than in other sites, but the differences were not large and did not apply to every activity. For example, parents in Site 1 reported marginally higher frequency than parents in other sites on talking to children, reading aloud, looking at books, and talking to children while looking at or reading books, but were equaled or surpassed by parents in Site 3 on the frequency with which they counted things for children and told stories, said nursery rhymes, or sang songs.

Table 3-6

ENGAGEMENT IN RECOMMENDED ACTIVITIES BETWEEN HOME VISITS, BY PARTICIPATION STATUS AND SITE

	Total Sample			Site 1			Site 2			Site 3		
Parent Behaviors	All Participants	Dropouts	Persisters	All Participants	Dropouts	Persisters	All Participants	Dropouts	Persisters	All Participants	Dropouts	Persisters
Average score for parents following PEs' suggestions	4.9	**3.5**	**5.2*** **	5.2	4.0	5.4	4.8	3.9	5.1	4.6	**3.1**	**5.3*** **
Average frequency score for activities:												
Counts things, says counting rhymes with child	3.1	3.2	3.0	3.1	--	3.1	2.8	**2.1**	**3.0***	3.3	**3.6**	**3.1***
Talks to/asks questions of child during daily activities	3.3	3.0	3.4	3.7	--	3.7	3.1	**2.2**	**3.2***	3.3	3.3	3.3
Reads aloud to child while doing everyday things	2.8	2.8	2.8	3.1	--	3.1	2.4	2.2	2.5	2.9	2.9	2.9
Tells stories, says nursery rhymes, sings songs	3.4	3.3	3.5	3.5	--	3.5	3.3	2.9	3.4	3.5	3.5	3.6
Looks at/reads books with child	3.0	**2.6**	**3.2** **	3.6	--	3.6	2.8	2.3	3.0	2.9	2.6	3.0
Talks to child while reading/looking at books	3.4	**3.1**	**3.5***	3.8	--	3.8	3.3	3.6	3.2	3.3	2.9	3.5
Sample sizes												
PE rating	183	33	150	69	6	63	66	12	54	48	15	33
Parent reports	147	32	115	36	1	35	49	9	40	62	22	40

Asterisks indicate differences between dropouts and persisters that are statistically significant in a one-tailed test at the following levels: * = p<.05; ** = p<.01; *** = p<.001.

The relationships of these measures of engagement with other dimensions we have discussed previously are not as strong as the relationships noted among earlier dimensions. Persisters had higher scores than dropouts on some of these "do the homework" activities, but not all, and the differences were not consistent across the sites. PE ratings of whether parents followed suggestions were significantly higher for persisters than for dropouts for the sample overall and across the sites, with the differences being statistically significant for the total sample and in Site 3. In contrast, there was no noticeable difference between dropouts and persisters in the full sample regarding the extent to which they did counting activities with children; in Site 2, the difference between groups was significant and favored persisters, whereas in Site 3, the significant difference actually favored the dropouts.

Similarly, "be there" engagement, as evidenced by the intensity of home visits families received (i.e., ratio of number of home visits to months participated) was not significantly correlated with any of the "do the homework" activities we investigated. Further, "be involved" engagement, as measured by high engagement ratings given by PEs, was generally unrelated to whether parents themselves reported "doing the homework." Correlation coefficients between PE ratings of parents' engagement and parents' reports of the frequency with which they carried out various activities ranged from .001 to .25, with only 4 of the 36 relationships between the 6 PE ratings and the 6 parent reports of activities being statistically significant; 3 of these 4 involved correlations between PE ratings of parents' asking for advice and parents' reporting reading books and telling stories to children and reading aloud to children while doing everyday things. Apparently parents' attentiveness during home visits was unrelated to activities between visits, with the exception that parents who actively sought advice reported more frequently following up on the activities suggested in the PAT curriculum than parents who less frequently sought advice.

"Look for More" Engagement

The final dimension of engagement we have explored refers to parents "looking for more" in the way of parenting information or parenting support by attending parenting activities other than home visits. These might include parent groups sponsored by PAT or others.

This dimension of engagement may be least influenced directly by PEs or the program they represent, relative to other dimensions. Whether families choose to "look for more" information on parenting and child development is more likely to be influenced by individual factors, such as schedule demands and personal preferences regarding group experiences, and community factors, such as the frequency and variety of opportunities to participate in parenting groups and the availability of public transportation to get to meeting locations.

One PE described the drop-in and play groups as a place where

"the parents in the program bond with each other...and they share a lot of ideas about

Because she sees families at drop-in sessions between home visits, she talks to them about their issues frequently and remembers what they are concerned about. She said that they ask questions of her all the time for ideas about preschools, toys, etc. Another PE reported that she "requires" parents to

come on Mondays to the program's drop-in center at a nearby school and that she has certain activities out for the children and things ready for the parents to use to make toys for the children.

As part of the parent interview conducted at children's first birthdays, parents reported whether they had gone to any parenting classes or groups in the preceding year and, if so, how often. Table 3-7 indicates that just over one-third (35%) of parents had attended a parenting group in the past year, with no statistically significant differences between sites.

Table 3-7

PARTICIPATION IN PARENTING GROUPS, BY PARTICIPATION STATUS AND SITE

	Attended Parenting Group in Last Year	
	Percentage	Sample Size
Total sample		
Overall	35.4	144
Dropouts	31.2	32
Persisters	36.6	112
Site 1		
Overall	32.4	34
Dropouts	--	1
Persisters	33.3	33
Site 2		
Overall	30.6	49
Dropouts	22.2	9
Persisters	32.5	40
Site 3		
Overall	41.0	61
Dropouts	36.4	22
Persisters	43.6	39

Further, this dimension of engagement is not related strongly to any of the other dimensions of engagement. Although persisters were somewhat more likely than dropouts to have participated in a parenting group, the differences were not large or statistically significant. Neither is "look for more" engagement related to "be there" engagement; there is no statistically significant difference for the full sample in the intensity of home visits between those who participated in a parenting group (ratio of number of visits to months participating of .66) and those who did not (.58). However, in Site 2, there was a higher intensity of participation in home visits for those who went to a parenting group (.91) compared with those who did not (.56, $p<.01$). Apparently, in that community, families who were more active in keeping home visit appointments also were more likely to seek additional parenting information through parenting groups.

"Look for more" engagement also was unrelated to "be involved" engagement. Those who participated in parenting groups were not rated markedly more highly in their overall engagement (5.6) than parents who did not attend a group (5.5) in the full sample or in any site. Finally, there was no significant relationship between "looking for more" parenting information and doing PAT-recommended activities between home visits. Frequency ratings for literacy- and numeracy-promoting behaviors were not consistently or significantly higher for those who participated in a parenting group than for those who did not (e.g., frequency of reading books to children of 2.92 for those who attended a parenting class and 3.04 for those who did not in the full sample).

Summary

We have explored five dimensions of engagement of families in home visits:

- **"Say yes" engagement**—the engagement needed for initial enrollment into the program. All sites reported more difficulty than expected in recruiting the number of families needed for the study; new recruitment methods and sources were used in each site, with the greatest differences reported for Sites 2 and 3. Among those who "said yes" to enrolling in the study, 22% who were assigned to the home visit group never actually began home visits, a phenomenon that was more common in Sites 2 and 3 (26% and 33%) than in Site 1 (4%). Another 13% of participants started home visits but dropped out before children's first birthdays. Families' being difficult to contact and no longer interested in home visits were the two most frequent reasons cited by PEs for families dropping out.

- **"Be there" engagement**—the engagement that prompts consistent participation in home visits over time. Overall, 45% of families received monthly home visits during their early months of participation, averaging 4.5 visits.

- **"Be involved" engagement**—the engagement during a home visit that is necessary to produce the full impact of the visit. Families were given fairly high ratings on their overall engagement, although ratings were higher for passive forms of engagement, such as listening to PEs during visits, than for more active forms of engagement, such as asking questions of or asking for advice from PEs. Almost three-fourths of families had more than one adult participate in a home visit at least once. Engagement was generally higher in Site 1 than in Sites 2 and 3.

- **"Do the homework" engagement**—the engagement demonstrated by using PAT information and doing PAT activities between home visits. The frequency with which parents reported doing a variety of literacy- and numeracy-promoting behaviors averaged about 3 on a 4-point scale, with somewhat higher scores (3.4) being given for telling stories to children and for talking with children while reading or looking at books, and the lowest score (2.8) being given for reading aloud to children (e.g., from a cereal box) while doing everyday things. PEs rated parents 4.9 ("some of the time") for the frequency with which they followed through on PE suggestions between visits. Site 1 engagement was consistently, though not significantly, higher than Site 2, but was equaled or surpassed by measures in Site 3 on two of the "homework" activities assessed.

- **"Look for more" engagement**—the engagement that spurs participation in PAT activities beyond home visits (e.g., parent groups) or related parenting and parent-child activities. More than one-third of PAT parents had participated in a parenting group in the preceding year to learn more about child development and parenting. There were no marked differences between sites in this dimension of engagement.

Analyses of the relationships between these dimensions of engagement suggest that engagement directly in the home visits, as indicated by staying enrolled, being present for a higher proportion of home visits, and being rated as highly engaged in the home visits, was a fairly consistent behavior. Families who stayed enrolled also tended to keep home visit appointments and participated in them actively. Conversely, those who dropped out before children's first birthdays tended to miss home visits and to be passive during home visits even while they were enrolled.

However, the two dimensions of engagement that involved parent activities that were independently of the home visits—"do the homework" and "look for more" engagement—operated fairly independently of the other aspects of engagement and of each other. Those who participated consistently and actively in home visits were not significantly more likely than more passively engaged parents to report following through with PAT-recommended activities between home visits. Neither were they more likely to "look for more" parenting information by participating in a parenting group.

This finding suggests that, even when home visiting programs are successful in keeping families enrolled, in delivering home visits to them consistently, and in engaging them during the home visits, they may well not have elicited the engagement that results in parents' exhibiting more positive parenting behaviors routinely with their children between visits. The finding is important because it is "doing the homework" that is likely to be the crucial link between PAT and benefits to children in terms of enhanced development. Although a higher "dosage" of home visits is associated with greater benefits to children in some research (Wagner and Clayton, 1999), benefits are generally small. The typical "dosage" of home visits is probably insufficient to result in sizable benefits to children. It is through sustained use of positive parenting behaviors and activities that children's development is more likely to be enhanced markedly, and engagement in those behaviors and activities does not necessarily follow directly from engagement in home visits themselves. New strategies may be needed to elicit "do the

In the next chapter, we explore the relationships between these dimensions of engagement and characteristics of parents. Knowing more about which parents tend to be engaged in which ways may help suggest strategies for enhancing engagement on these several dimensions.

4 PARENT FACTORS RELATED TO ENGAGEMENT

As mentioned previously, we understand engagement in PAT to be a dynamic, multidimensional process entered into by both the parent and her parent educator (PE). In this chapter, we describe several characteristics of parents that are related to the levels and types of engagement they demonstrate. First, we consider a variety of demographic factors as they relate to each of the dimensions of engagement described in Chapter 3. We also explore the hypothesis that levels of engagement are influenced by a variety of potential barriers to engagement that parents may experience. We then consider less tangible qualities of parents that parent educators report as key factors that distinguish more and less engaged parents.

Demographic Characteristics

We have explored the question of whether parents who are distinguished by specific demographic characteristics may be more or less likely to demonstrate the various dimensions of engagement in PAT home visits. For example, PEs often contend that teenage parents are more difficult to engage than older parents. Are there other demographic characteristics that are related to engagement? Do different parent characteristics relate to different kinds of engagement?

Table 4-1* depicts the relationships between "say yes" engagement (i.e., participation status—whether parents dropped out before receiving any visits, dropped out after receiving at least one visit, or were participating in PAT at children's first birthdays) and mother's age, ethnicity, and education and household socioeconomic status. We see that those who were engaged enough to persist in the program were significantly different from those who were not in several ways. Persisters were significantly older, on average, than dropouts. Persisters also were significantly less likely to be African American, were significantly better educated, and were significantly more likely to have a household income of $40,000 or more and to own their home. In other words, persisters were more likely than others to have the advantages associated with maturity, better education, and higher income and less likely to have whatever challenges might be associated with minority status.

However, nonpersisters were not a uniform group; those who refused to begin home visits and those who began but dropped out were different kinds of people in several ways. Compared with those who dropped out, those who did not begin home visits were significantly more likely to be African American, were less likely to be Hispanic or of high income, but were better educated. In fact, those who did not begin home visits more closely resembled persisters on several dimensions than they did dropouts.

---

* These analyses were conducted for all study participants as a whole, not for individual sites, because we do not expect the relationship between participant characteristics and engagement to vary by site and because some of the subgroups we examine are too small to be further disaggregated by site.

Table 4-1
DEMOGRAPHIC CHARACTERISTICS AT ENROLLMENT, BY PARTICIPATION STATUS

Demographic Characteristics	No Visits	Dropouts	Persisters
Mother's age			
Average age	23.1	**21.5**	**25.0**^{D***}
Percentage 30 or older	**7.6**	**6.1**	**26.4**^{D***N***}
Mother's ethnicity			
Percentage who were:			
Caucasian/White	22.0	28.6	32.6
African American	**72.9**	**45.7**^{N**}	**53.4**^{N**}
Hispanic/Asian/Other	**5.1**	**25.7**^{N**}	14.0
Mother's education			
Average highest grade level	11.8	11.5	12.3
Percentage with:			
Less than high school	**30.5**^{D**}	**57.6**	**33.7**^{D*}
Some postsecondary education	**28.8**^{D*}	**12.1**	**34.3**^{D***}
Household socioeconomics (percentage)			
Annual income			
Less than $15,000	55.2	65.6	55.9
$15,000 to $24,999	27.6	12.5	19.8
$25,000 to $39,999	15.5	9.4	7.9
$40,000 or more	**1.7**	12.5	**16.4**^{N***}
Benefit program participation			
AFDC/TANF	17.9	16.7	18.4
Medicaid	57.1	63.3	60.3
WIC	85.7	83.3	77.0
Owned their home	**8.5**	15.2	**25.4**^{N***}
Sample size	59	33	178

^{D} = Significantly different from dropouts in a two-tailed test at the following levels: * = p<.05; ** = p<.01; *** = p<.001.
^{N} = Significantly different from those with no visits in a two-tailed test at the following levels: ** = p<.01; *** = p<.001.

Thus, we have a profile of those who did not begin home visits as primarily African Americans who were unlikely to have high incomes or to own their homes. In contrast, those who dropped out after beginning home visits were significantly more likely to be young Latina mothers who had poor educations, but who did not have markedly lower household incomes than persisters, in part because many of them lived with their families of origin.

Table 4-2 presents the relationships between demographic characteristics of mothers and their households and the remaining dimensions of engagement. "Be there" engagement is measured by the ratio of home visits to months participating, "be involved" engagement is measured by PE ratings of parents' overall engagement in their home visits, "do the homework" engagement is measured by the average score on a scale made up of the frequency with which parents reported doing a variety of literacy- and numeracy-promoting behaviors between home visits, and "look for more" engagement is indicated by whether parents reported participating in any parenting groups.

Table 4-2
DIMENSIONS OF ENGAGEMENT IN HOME VISITS, BY DEMOGRAPHIC CHARACTERISTICS AT ENROLLMENT

	"Be There" Engagement		"Be Involved" Engagement		"Do the Homework" Engagement		"Look for More" Engagement	
	Average Ratio of Home Visits to Months Participating	Sample Size	Average PE Rating of Overall Engagement	Sample Size	Average Literacy/ Numeracy-Promotion Scale Score	Sample Size	Percentage Attending Parenting Class in Past Year	Sample Size
Mother's age								
Less than 20	.76	49	**4.5**	49	**19.8***	33	**54.6***	33
20 to 29	.78	95	**5.1**	89	**18.3**	78	**30.3**	76
30 or older	.85	43	**6.0*****	42	19.7	35	**29.4**	34
Mother's ethnicity								
Caucasian/white	.84	63	**5.7**[A**H*]	62	**19.8**[**H]	47	**22.2**[***H]	45
African American	.79	95	**4.8**	92	**18.9***[H]	84	**36.9***[H]	84
Hispanic/Asian/Other	.65	91	**4.7**	28	**16.9**	16	**66.7**	15
Mother's education								
Less than high school	.72	68	**4.5**	69	18.5	48	43.8	48
Some postsecondary education	.83	90	**5.6*****	86	19.5	76	29.7	74
Annual income								
Less than $15,000	.74	105	**4.7**	101	**18.5***[40]	76	39.5	76
$15,000 to $39,999	.83	48	**5.0**	47	**18.3***[40]	44	28.6	42
$40,000 or more	.90	32	**6.6*****	30	**21.2**	26	32.0	25
Owned their home								
Yes	.90	48	**6.0*****	46	**20.2***	39	32.4	37
No	.76	138	**4.8**	133	**18.5**	100	36.9	106
Benefit program participation								
AFDC/TANF								
Yes	.84	34	**4.7**	35	18.3	27	34.6	26
No	.78	146	**5.3***	138	19.0	116	36.8	114
Medicaid								
Yes	.76	109	**4.9**	105	18.4	77	37.7	77
No	.84	71	**5.6****	68	19.5	66	34.9	63
WIC								
Yes	.78	139	**4.9**	136	18.6	107	40.2	107
No	.83	41	**6.1*****	37	19.6	36	24.2	33

Significantly different in a two-tailed test at the following levels: * = p<.05; ** = p<.01; *** = p<.001.

The relationships between "be there" engagement and demographic characteristics are similar in direction to those observed for "say yes" engagement, but they are relatively weak. However, when we examine PE ratings of "be involved" engagement, we see consistently strong relationships. Those who were given significantly higher ratings on overall engagement had many of the same characteristics as persisters. Significantly higher engagement ratings were given to older, white mothers with higher education and incomes who were not receiving benefits from TANF, Medicaid, or WIC, and who owned their own homes. Some of the same characteristics also are associated with higher "do the homework" engagement. Specifically, significantly higher self-reported frequency of doing a variety of language- and numeracy-promoting activities were noted for Caucasian and African American parents compared with Latino parents, for higher-income parents, and for those who were homeowners. The picture regarding "look for more" engagement, however, is quite different. Teen mothers were significantly more likely than older mothers to have participated in a parenting group in the preceding year, perhaps as part of their school programs or intervention programs targeted to teen mothers. Thus, it isn't clear that taking part in parent groups was a voluntary activity for teen mothers. Latina mothers also were significantly more likely than non-Latinas to have taken part in a group. Because Latinas were significantly more likely than others to be teen mothers, attending parenting groups may have been part of their teen mother programs. No other demographic characteristics are associated with higher rates of "look for more" engagement.

Potential Barriers to Engagement

In addition to demographic factors, we have investigated whether parents who were more engaged in PAT could participate because they were less likely to experience potential barriers to engagement posed by such circumstances as single parenthood, parenting multiple children, going to school, working, being in poor health, or having a child in poor health.

PEs describe these factors as significant barriers for some families. One PE reported that visiting a teen mother in the study was extremely difficult because she was "very busy working and going to school." Working parents also may present barriers to PEs. One PE explained that she did not do home visits at night in dangerous neighborhoods (and she considered most of the places she visited as dangerous), which made it very difficult to visit families with parents who worked during the daytime. Another PE echoed similar experiences:

> *"There are some dropouts who do have a history of being engaged and of having some good solid home visits and then something changes. They get a job. When you're working 40 hours a week and you're by yourself, it just doesn't fit in the picture any more. It's just not realistic. I definitely see that as a pattern. Even when you say you will come in the evenings, evenings are lousy times to have home visits. And Saturdays sometimes aren't any better because they're busy."*

The stresses of poverty are another potential barrier to engagement.

> *"I don't care who you are, if the lights are out or the heat is off, nobody cares nothing about child development."* (A PE)

Welfare reform may place additional stress on poor families. Because of its emphasis on mothers' working or getting job training, welfare reform is reported by PEs as being another potential barrier to engagement.

> *"What I can see with welfare reform is that when they* [mothers]*...have to work, it is a lot harder to schedule home visits. A lot of them had a difficult time holding down a job, so every 4 or 5 months, they would be looking for another job or they would have gotten a different position and their schedule would be different. Then they had different concerns, like they were making enough to be losing their benefits, but not making enough to be getting by. So it actually made them upset. It made the home visits a little bit harder because they wanted to talk about those issues more than the home visit."*

One PE went so far as to suggest that if it had not been for changes in TANF, all the study families she visited would still be actively engaged (17 of 18 had dropped out).

Table 4-3 reveals that the relationships between participation status and these potential barriers are somewhat inconsistent. Persisters were not significantly freer from the potential barriers to engagement posed by single parenthood, full- or part-time work or job training, or parenting multiple children than were those who dropped out or never began home visits. However, they were less subject to other potential barriers. Persisters were significantly less likely than dropouts to have been pregnant at enrollment, so fewer were parenting a newborn at the time early visits were being attempted or made. Persisters also were significantly more likely than dropouts to report their own health as excellent. To the extent that having a newborn or being in poor health was a barrier to engagement, persisters were less likely to experience that barrier, which might have contributed to a greater willingness or ability to add home visits to parents' schedules.

In contrast, having a child whose health was reported to be only good or fair was significantly more common among persisters than among those who dropped out and not significantly different from those who never began their home visits. Thus, persisters were as likely as those who had no home visits and more likely than dropouts to have an ill child as a potential barrier to engagement, regardless of the site in which they lived. They also were more likely to be attending postsecondary school. Apparently, the demand on their time of pursuing their educations did not dissuade them from taking on home visits. In fact, their involvement in postsecondary education suggests that persisters may have been committed to enhancing their knowledge and skills, which is consistent with engagement in PAT.

Table 4-3
POTENTIAL BARRIERS TO ENGAGEMENT AT ENROLLMENT, BY PARTICIPATION STATUS

Potential Barriers (Percentage)	No Visits	Dropouts	Persisters
Single parent	49.2	63.6	51.4
Pregnant	17.0	**27.3**	**11.2**[D*]
Child has siblings	54.2	39.4	42.4
In postsecondary school	8.5	**3.0**	**14.6**[D**]
Working full time	25.9	15.2	23.7
Working part time	12.1	18.2	11.3
Job training or seeking work	6.9	24.2	8.5
Not working	41.4	33.3	44.1
Reported health			
Mother			
Excellent	44.1	**36.4**	**56.2**[D*]
Good/fair	28.8	27.3	20.2
Child			
Excellent	64.7	55.6	72.6
Good/fair	**21.6**[D***]	**3.7**	**13.4**[D*]
Sample size	59	35	177

[D] = Significantly different from dropouts in a two-tailed test at the following levels: * = p<.05; ** = p<.01; *** p<.001.

"Be there" engagement showed a similar relationship to pregnancy status at enrollment as observed above for "say yes" engagement (Table 4-4); those who were not pregnant at enrollment were more likely both to be persisters through first birthdays and to have significantly more frequent home visits. However, no other potential barrier to engagement was significantly related to intensity of home visits.

In contrast, the "be involved" dimension of engagement related to these potential barriers in much the same way that "be there" engagement did. Single parents were given significantly lower engagement ratings by PEs than others, just as they were less likely to be persisters. Similarly, significantly higher engagement ratings were given to those attending postsecondary school, parents who also were more likely to be persisters. The relationships between employment and engagement ratings were mixed. Those who worked full time and those who did not work at all had significantly higher ratings than those who reported they were looking for work or in job training. It is possible that these latter groups were in transition and may have been experiencing stress or have had greater demands on their time than the full-time workers or nonworkers. Other factors showed no relationship to differences in engagement ratings.

Table 4-4
DIMENSIONS OF ENGAGEMENT IN HOME VISITS, BY BARRIERS TO PARTICIPATION

Characteristics at Enrollment	"Be There" Engagement: Average Ratio of Home Visits to Months Participating	Sample Size	"Be Involved" Engagement: Average PE Rating of Overall Engagement	Sample Size	"Do the Homework" Engagement: Average Literacy/ Numeracy-Promotion Scale Score	Sample Size	"Look for More" Engagement: Percentage Attending Parenting Class in Past Year	Sample Size
Single parent								
Yes	.73	93	**4.7****	85	19.5	68	36.6	71
No	.85	94	**5.6**	94	18.5	79	34.2	73
Pregnant								
Yes	**.60****	27	5.1	24	17.9	17	**17.6***	17
No	**.82**	160	5.1	156	19.1	130	**37.8**	127
Child has siblings								
Yes	.75	76	4.8	70	**17.8**	73	33.3	72
No	.82	111	5.3	109	**20.1*****	74	37.5	72
In postsecondary school								
Yes	.83	90	**5.6***[J]	86	**19.6***	75	30.1	73
No	.74	78	**4.6**	77	**18.1**	61	40.0	60
Employment status								
Working full time	.86	40	**5.4**[J]	34	18.3	36	**23.5**[**J]	34
Working part time	.73	23	4.8	25	19.6	15	35.7	14
Job training or seeking work	.64	19	**4.2**	19	17.9	18	**61.1**	18
Not working	.79	80	**5.2**[J]	76	18.8	60	**35.0***[J]	60
Reported health								
Mother								
Excellent	.85	102	5.5	95	**20.0*****	72	**43.5***	69
Good/fair	.84	37	4.8	37	**17.1**	38	**23.7**	38
Child								
Excellent	.81	115	5.2	110	**19.9****	89	37.9	87
Good/fair	.98	17	4.7	18	**16.5**	20	31.6	19

[J] = Indicates significant difference compared with "job training or seeking work."

Significantly different in a two-tailed test at the following levels: * = p<.05; ** = p<.01; *** = p<.001.

"Do the homework" engagement was similar to "say yes" and "be involved" engagement in that higher scores were reported for mothers who were attending postsecondary schools. Literacy- and numeracy-promoting behaviors also were reported significantly more often by parents who had more than one child, suggesting that perhaps these activities were carried out for the benefit of the older child, with the PAT child participating as a side benefit. Mothers in excellent health and those whose children were in excellent health also were significantly more likely to "do the homework" involved in literacy and numeracy promotion.

As with demographic characteristics, "look for more" engagement does not mirror the relationships observed for other dimensions of engagement. For example, postsecondary school attenders were not more likely to participate in parenting groups, although they were more likely to be persisters, to be reported by PEs to be more highly engaged, and to report doing PAT activities more often between visits. Parents reported that after busy days at work and school, they often didn't want to go to group activities.

"I don't know why I don't go [to a group meeting]. *I just don't go. I want to stay home."*

Also, participating in job training was related to "look for more" engagement in the opposite direction from to "be involved" engagement, with those who were in job training or who were looking for work being significantly more likely to be engaged in additional parenting groups than others. We find that better parental health was related to a higher likelihood of "look for more" engagement, as it was with "do the homework" engagement.

Another potential barrier to engagement, particularly among high-needs families, involves a lack of stability in the home environment.

"I think there has to be a degree of stability, not only in where they live but in their lives." (A PE)

Most families face issues at some time that drain physical and emotional energy and keep parents from being able to focus on their children and their parenting role. For most families, these issues are time limited. However, some families have multiple and chronic stresses that sometimes reach crisis proportions, including unsteady income; bureaucratic issues involved in receiving assistance; transportation issues; substance abuse; domestic violence; depression or other mental illness; unsteady or unusually demanding relationships; poor, unsafe, or unstable housing; work, job training, or school pressures or instability; and needs of parents to exert independence from their families. Some parents have ways of coping with such stresses that seem not to interfere seriously with their parenting role. For other parents, attending to the needs of their children competes with their ability to meet basic sustenance demands and with their need to attend to their own problems or the demands of their partners or other adults.

"When you have parents that have so many other things to deal with, they aren't naturally so focused in on the child all the time. They want to be, but they don't always realize how much the other stuff is pulling them away." (A PE)

"It [failure to keep appointments] *reflects more how chaotic their lifestyles are.... High-needs families are just more distracted because they have so many other issues going on. When they are going through this chaos, they don't have time for us."* (A PE)

Table 4-5 explores the relationships between several measures of the home environment, as self-reported by parents, and engagement. Contrary to expectations, we see few strong or consistent relationships between self-reported measures of the home environment of PAT families and sustaining participation in home visits. There were no consistent or significant differences between families who persisted in PAT, those who enrolled but never began home visits, and those who began home visits but dropped out regarding their perceptions of the extent to which their home environments were calm or relaxing. Similarly, persisters were no more or less likely to report that their households were chaotic ("a real zoo") or strained because of the presence of the PAT child. In fact, the one significant difference was that persisters were more likely than those who never started home visits to report that "you can't hear yourself think in our home," contrary to expectations.

Table 4-5
PARENTAL ENGAGEMENT IN HOME VISITS, BY HOUSEHOLD ENVIRONMENT AT ENROLLMENT

	No Visits	Dropouts	Persisters
Percentage who disagree or strongly disagree that:			
"The atmosphere in our home is calm."	5.1	15.6	6.2
"Our home is a good place to relax."	6.9	9.1	11.9
Percentage who agree or strongly agree that:			
"You can't hear yourself think in our home."	**8.5**	16.1	**19.8**^{N*}
"It's a real zoo in our home."	13.6	15.6	17.5
"This child puts a real strain on our household."	6.8	3.1	4.5
Sample size	59	33	177

^{N} = Significantly different from those with no visits in a two-tailed test at the following level: * = p<.05.

Table 4-6 shows that these self-reported measures of home environment are not strongly related to parental engagement. Relationships between both "be there" engagement and "look for more" engagement and home environment were inconsistent in direction and not statistically significant. Regarding PE ratings of "be involved" engagement, there was a pattern of somewhat higher scores for parents who reported a more positive home environment, but this was not the case on all measures, and on no measure was the difference statistically significant. "Do the homework" engagement was consistently related to home environment, with those reporting more positive home environments having higher self-reported frequency of literacy- and numeracy-promoting behaviors, significantly so in the case of parents' reports of agreement/disagreement that "you can't hear yourself think in our home."

Table 4-6
DIMENSIONS OF ENGAGEMENT, BY HOUSEHOLD ENVIRONMENT

	"Be There" Engagement		"Be Involved" Engagement		"Do the Homework" Engagement		"Look for More" Engagement	
	Average Ratio of Home Visits to Months Participating	Sample Size	Average PE Rating of Overall Engagement	Sample Size	Average Literacy/ Numeracy-Promotion Scale Score	Sample Size	Percentage Attending Parenting Class in Past Year	Sample Size
"The atmosphere in our home is calm."								
Strongly agree	.78	85	5.2	81	19.4	62	31.7	60
Disagree/strongly disagree	.65	13	4.4	12	17.9	9	50.0	8
"Our home is a good place to relax."								
Strongly agree	.80	85	5.4	80	19.5	63	39.3	61
Disagree/strongly disagree	.89	19	4.8	19	16.4	9	22.2	9
"You can't hear yourself think in our home."								
Strongly disagree	.78	83	5.3	80	**19.6***	62	33.3	60
Agree/strongly agree	.84	38	5.0	37	**17.5**	21	47.6	21
"It's a real zoo in our home."								
Strongly disagree	.78	92	5.2	87	19.5	68	36.9	65
Agree/strongly agree	.82	33	4.9	30	17.9	20	20.0	20
"This child puts a real strain on our household."								
Strongly disagree	.80	128	5.2	121	19.5	101	37.8	98
Agree/strongly agree	.63	8	5.5	6	18.2	8	25.0	8

Significantly different in a two-tailed test at the following level: * = p<.05.

Other Qualities of Engaged Parents

In addition to the parent demographic and household factors noted above, there are other parent-related factors not captured by demographics that PEs report as being crucial influences on parental engagement.

The Primacy of the Parenting Role

"Putting the child first" is widely perceived by PEs to be central to parents' seeing their parenting role as important and as worthy of their investment in learning to be better at it. However, PEs have different perspectives on how parents can apply the principle of putting children first. Most PEs will contend that *"all parents want what's best for their children."* Yet, they acknowledge that the primary goal of their efforts with some parents is to have them demonstrate consistently that their children are a top priority. Although parents may want positive outcomes for their children, some do not consistently invest much effort in parenting or improving parenting.

> *"Sometimes the high-needs families, they feel that just having you* [the PE] *come is a guarantee that the child will be OK. So that later on, when things aren't going well it is your* [the PE's] *fault."* (A PE)

PEs contend that if they can help parents give higher priority to the role they play in enhancing their children's development, parents' motivation to participate in home visits increases, along with their understanding of their children and satisfaction in parenting. One PE even contended that learning to put the child first is the key to improving all kinds of other life issues; for example, putting the child first motivates a parent to improve the household's employment situation so that s/he can provide better for the child.

> *"If you focus on the drug, alcohol, smoking, is that going to make the person stop* [abusing the substance]*? If you focus them on their children and their importance to their children, what they mean to their children, you can get a person to do just about anything that was impossible.... That* [children's needs] *will be an incentive."* (A PE)

Challenges to Adults as Learners

Participating in and benefiting from PAT assumes a certain level of cognitive ability and other personal attributes. Parents who benefit from PAT have to be receptive to the idea that they may have things to learn about parenting. Because of social pressure to display confidence in one's parenting or risk the implication that one knows that one's previous parenting behavior could have been better, it may be particularly difficult for an experienced parent to accept a PE's visits. It goes against societal expectations to admit to poor parenting, so seeking help in parenting is threatening to some parents.

> *"You need a humble parent. Some* [parents] *may not get involved because in their minds they are a great parent* [already]." (A PE)

It may be difficult for parents to remain open to parent education. Parents reported that they liked to hear PEs praise them for their parenting. At the same time, parents said that they found it difficult to evaluate their own parenting and liked having someone with expertise and training help them to identify ways to be better parents. Yet, they also said that they often ignored criticism and believed that much about parenting could not be generalized across cases. Perhaps in part because of parents' ambivalence regarding the role of their PE, PEs reported that when parents found alternative ways of getting positive reinforcement, they often dropped the home visits.

> *"A lot of them* [parents] *want you to come because they feel insecure, and sometimes getting a job helps them with that and they don't feel that they need you as much."* (A PE)

In addition, parents have their own interests and motivators that do not always match well with parent education.

> *"This* [alternative parenting technique, like distracting the child] *is work that takes them away from Jerry Springer* [a television program], *from their boyfriend, from the things they are interested in."* (A PE)

Teens, in particular, may have special developmental needs that affect how they learn.

> *"Teens are the other ones that are hard* [to visit consistently] *just because of where they are developmentally. They are not ones to plan ahead particularly. If something else exciting comes up* [they will skip a home visit]. *It is harder to nail them down. But once again, it depends on the teen and where they are* [in terms of their level of maturity] *too."* (A PE)

> *"I am horrible with plans. I try to avoid appointments at all, if it's possible. I never keep them. I get too distracted with my life.* [I say] *'Yeah, you can come over at 2:30' and I'll forget all about it or I'll write 2:30 down and be like 'what's at 2:30?'"* (A teen parent)

Teenagers and young adults have certain developmental needs—the need to separate from one's family of origin and develop one's own sense of self—that may be challenged by taking on the role of parent. Many of the parents we met, even older mothers, said that they often struggled between the urge to be independent and the pull to remain close to their family in order to meet personal needs and for the sake of their child.

> *"Sometimes I want my mother to just mommy me."* (A parent)

For teen mothers, their own dependency needs and their child's need for parenting may hamper their development of a strong personal identity, one in which they see themselves as something more than a child or a mother.

Family Context

Sometimes, the involvement of a parent in PAT is not supported or may even be actively opposed by other family members. The idea that someone would go outside the family for

parenting advice is antithetical to the values of some families. Male PEs had to overcome the additional barrier of distrust that arose when people suspected ulterior motives for the PEs' interest in the mothers they visited. Over time, this resistance could work against "be there" engagement of parents.

In other cases, although the home visits may not have been actively opposed, the information and recommendations for parenting behavior provided by PAT were contrary to certain family traditions. PEs recognized that the "family way" and "the PAT way" often were quite different, which made it difficult for some parents to "do the homework" in terms of following through with PAT-suggested activities and behaviors between home visits.

PEs who worked with teen parents said that they had to be especially careful not to put extra strain on the grandparent-parent relationship by openly criticizing the grandparents' methods of raising children. This was particularly true when teen parents were still living in their parents' home and often received assistance in child rearing from the adult parents.

> *"And then the grandparents may sit in the home visits, too. And then you have to make sure that they don't worry that you are undermining their* [the grandparents'] *credibility."* (A PE)

Even some older parents said that the idea that, as parents, they had the ultimate say in child rearing behaviors was opposed by family members. During one focus group, several mothers shook their heads in agreement and understanding when one mother said,

> *"I can't say* [to relatives], *'this is my baby and you will raise her the way I say.' My family says it is their baby, too. They think I think I am better than them if I tell them I will do it* [parenting] *a different way."*

Still, parents sometimes used the authority of their PE in their arguments with family members about child rearing. As one mother said,

> *"I don't agree with everything my PE says, but when I do, I tell them* [family members] *that it* [the PAT advice] *is* [based on] *research and everything."*

Cultural Context

In some families of color, there was opposition to some PAT advice because it was *"white people stuff."* Some PEs said that they heard this comment from both their African American and Latino clients, both young and old. Although far from a universal view, some parents in focus groups and some observed during home visits also said it.

This factor seems to apply most specifically to "do the homework" engagement. Cultural issues were not mentioned as directly related to parents' dropping out, being engaged during home visits, or even looking for additional information on parenting or child development. The comment was heard most often with regard to suggestions to change behavior, with the most frequent citing of cultural issues being related to using alternatives to physical punishment. One PE said that certain comments about discipline were common, such as,

"I know nothing about that 'time out.' It is probably something those white folks use, but I do what my Mama done and that was tear up my butt. I'm not gonna be telling them [the children] *over and over again* [to stop the behavior to which she is opposed]."

Discipline was not the only behavioral issue that elicited cultural differences. Some Latino families were reported to comment that PAT was for white people when PEs made suggestions about increasing the child's independence or maturity (e.g., stop holding an infant; put her on the floor to explore; stop providing a child with a bottle; let the child dress and feed herself).

However, white working-class families also found some of the PAT child-rearing advice foreign. Discipline alternatives to physical punishment were especially alien in some families, but so were ideas such as reading daily to children, especially infants; talking often to children in ways that copy but expand on their speech; allowing children to make a mess while exploring paint or other materials; and playing with children in ways that are slightly more advanced than their current behaviors. Advice that was more adult directed, such as turn off the television; stop smoking; provide a diet high in milk, fruit, and vegetables; and pursue additional education were in opposition to some parents' lifestyles and the lifestyles of their friends and families.

Summary

In this chapter, we have explored the relationships between a variety of parent characteristics and the various dimensions of PAT engagement. It is clear from this analysis that there is no consistent profile of an engaged parent or one who is poorly engaged. Different factors relate to different forms of engagement.

Parents who dropped out were, on average, different in important ways from those who never began home visits, although both groups would be called poorly engaged. For example, those who never began home visits were significantly more likely to be African American, to have some postsecondary education, and to have a child in only good or fair health than those who dropped out. Dropouts were more likely to be Latina and not high school graduates.

We did identify a set of factors that were significantly related to a pattern of "be involved" and "do the homework" engagement. Both forms of engagement were stronger among Caucasian and higher-income mothers and those who owned their own homes and were attending postsecondary school. Persistence with home visits also was higher among upper-income parents and homeowners and those in postsecondary school, as well as among older parents and those in excellent health. Older parents also were rated by PEs more highly on "be involved" engagement.

However, "be there" and "look for more" engagement were not consistently or strongly related to these factors or to many of the other characteristics of parents, their circumstances, or their households that we examined. Although PEs reported that parents with high levels of stress and chaos in their lives were less likely to keep appointments, we did not find the intensity of home visits to be significantly related to potential barriers to home visits or to reported instability and chaos in the home environments of parents.

It is important to note that some parent characteristics, particularly parents' age and education and household income, were not evenly distributed across the sites. Site 1 parents were, on average, older, better educated, and of higher income than families in Sites 2 and 3. Site 1 also

had the strongest engagement of parents on most dimensions. Therefore, it is possible that some aspect of the program in Site 1 might account for the relationships we observe between these parent characteristics and "be involved" and "do the homework" engagement. However, the fact that these characteristics were unrelated to other dimensions of engagement, which also were stronger in Site 1, suggests that program characteristics at that site were not the explanation for the relationships we observed.

In addition to factors that could be measured quantitatively, we also have reported qualitative data on aspects of parents that PEs believe do much to explain variation in home visit engagement. These include the extent to which parents put a high priority on their parenting role, how well they handle many of the challenges that parenting education poses to adult learners, and aspects of family and cultural context. Although PEs did not always differentiate the various dimensions of engagement, these factors were most commonly discussed as making it difficult for parents to change behaviors with regard to their children, a dimension we have called "do the homework" engagement—following through on PAT-recommended activities and behaviors with children between home visits.

In the following chapter, we discuss factors related to the other partner in the dyad of engagement—the parent educator.

5 PARENT EDUCATOR FACTORS RELATED TO ENGAGEMENT

The preceding chapter discussed factors related to the parents who are involved in the dynamic process that goes on between parents and parent educators (PEs) as they engage with the content of the child development curriculum that is the heart of PAT. Here, we discuss the views expressed by both PEs and parents about the qualities of parent educators that they believe facilitate engagement of parents in home visits. We first provide information regarding background characteristics of PEs (e.g., age, education) and how they are thought to influence the way PEs work with families. We then discuss the personal characteristics of PEs that both PEs and parents report to be important in their relationships.

Backgrounds of PEs

The individuals who work as PEs come to their positions with different backgrounds, experiences, and personal philosophies about parenting. These factors affect how they do their job, how they think about the families they work with, how they perceive the goals they have in working with families, and how well families engage with them during home visits.

Our analyses support the notion that there is not one "right" background for a PE to be effective in engaging parents. We interviewed 24 PEs who represented the range of backgrounds of PEs at the three study sites. Table 5-1 shows the considerable diversity in some of their key background characteristics. PEs ranged widely in age, represented both genders, and differed markedly in education level and years of experience. The ethnic and educational backgrounds of the PEs varied substantially across sites, reflecting the differences in the populations they served. For example, the higher proportions of white and relatively better-educated families in Site 1 are matched in the characteristics of the PEs who serve families in that site.

No one of these characteristics necessarily makes a PE better or worse at engaging families as a whole. However, PEs did believe that some of these characteristics gave them an advantage with particular families. Background characteristics that were reported to be helpful in particular circumstances are discussed in the following paragraphs.

Parenting status. The majority of PEs interviewed were themselves parents, which several of them believed to be an advantage in their work. All PEs were trained in child development and parenting skills, but these PEs believed that having "been in the trenches" of parenting gave them additional credibility in the eyes of the parents they served. As one PE commented,

> *"Being a parent is helpful. They* [the PEs] *understand and can be empathetic to the parents they are working with."*

However, the extent to which being a parent yields this additional credibility may depend on the families served. One PE, who served largely teen parents and who was not herself a parent, believed that the teen mothers identified with her quite readily as a young woman, without

Table 5-1
BACKGROUND CHARACTERISTICS OF PARENT EDUCATORS (PEs) INTERVIEWED, BY SITE

	Total	Site 1	Site 2	Site 3
Age (years)				
Range	22 to 60	40 to 54	25 to 56	22 to 60
Mean	44	46	42	45
Ethnicity (number)				
Caucasian	9	6	1	2
African American	11	1	7	3
Hispanic	3	1	0	2
Gender (number)				
Female	21	7	7	7
Male	3	1	1	1
Number with children	21	8	5	8
Education level (number)				
High school only	3	1	0	2
CDE or AA	5	1	0	4
BA	14	4	8	2
MS	2	2	0	0
Years working with PAT				
Range	1 to 12	2 to 12	1 to 4	1 to 10
Mean	5	8	2	6
Sample size	24	8	8	8

needing the mantle of parenting experience. Teens may not have identified as strongly with the parenting role themselves and, therefore, may not have put much emphasis on its value in their PE.

Age. PEs we interviewed ranged in age from 22 to 60, and PEs at both ends of that spectrum thought their age was an advantage with some parents. Younger PEs whom we interviewed served large numbers of teen parents and could be effective with them in part because there was not a large age difference between them. Younger PEs were thought not to remind the teens of their own mothers and may have been more neutral sources of information and advice than older PEs. However, some of the older PEs who were mothers or grandmothers felt that their age, as well as their experience, was highly valued by many parents they served, including those in extended families in which grandparents were involved in raising the children and in the home visits.

Ethnic background. PEs generally believed that having the same ethnic background as a family being served was not required to be successful in engaging that family and making a difference for parents and children.

"I don't see that [the PE matching the ethnicity of the family] *as a big issue. What i think is more important is not coming in with them thinking you're going to tell them how to run their life. It doesn't matter if you're black or white; no one wants that."* (A PE)

Reflecting that belief, none of the programs routinely matched PEs with families on the basis of ethnic background. However, a family receiving information and suggestions regarding behavior change from a PE with the same ethnic background in some cases might have helped reduce the issues involved with PAT ideas being considered "white people's stuff," as discussed in the preceding chapter.

Educational background. No PEs mentioned the level of their education as being a particular advantage or disadvantage in engaging or being effective with parents. However, the kind of training they had did affect the way they viewed their roles and the kinds of issues they felt competent to address. For example, one PE had a master's degree in social work, and that social work orientation pervaded her view of her role in serving her teen parent clientele; a wide array of child and family needs were addressed quite naturally by this PE in the context of serving her families:

"For me they [case management and parent education] *go together. I just couldn't do it any other way."*

In contrast, another PE, whose training was in education, focused fairly explicitly on educational issues, reflecting the areas in which she was trained and with which she was comfortable:

"I'm not trained to deal with these [abusive relationship] *issues. I'm trained to help the mother be a teacher to her child."*

These different role perspectives and styles of serving families can be strengths in serving some families.

Personal Characteristics Reported to Affect PE-Parent Relationships

The nature and quality of the relationship between a PE and a parent can be affected significantly by the personal characteristics of those involved. PEs and parents mentioned several personal qualities of PEs that enhanced their relationships and, presumably, the investment parents were willing to make in them.

Personal caring for the parent and child. PEs placed a great deal of importance on the establishment of the initial bond with parents during the early home visits, viewing it as crucial for the long-term engagement of the family on all dimensions. PEs noted that their ability to engage parents at the "say yes" point of initial enrollment into the program, as well as in the initial home visits, depended on establishing trust by being sincerely interested in and caring toward both the parent and child. PEs described needing interpersonal skills in these initial encounters to demonstrate a positive, friendly approach, with little content or threatening issues raised (e.g., chat about the parent, her life, the child). They tended not to adopt a teacher role in

these early phases; rather they tried to convey a genuine interest in the parent, the child, and the family.

Parents also noted the importance of the initial building of a relationship with the PE. Several parents stated that they felt a little anxious before the first visit, because they *"didn't know what was going to happen,"* and several parents said that they felt concern about the house being clean before the PE arrived. But because the PEs tended to be friendly, nonthreatening, and truly interested in them and their children during the first visits, parents were put at ease about participating in the program. Parents said that they liked the fact that PEs seemed to like them and their children and took an active interest in getting to know them and their children. For instance, one mother reported that she liked it that *"the PE remembers my child's interests."*

Acceptance. PEs felt that it was essential to have an accepting and nonjudgmental attitude toward families and their lifestyles. Parents also reported that they appreciated PEs who were nonjudgmental about how the parents handled situations with their children. Many parents felt this support even when their PE gave them suggestions for changing their behavior, as illustrated well by one mother:

> *"She won't tell you that you're doing it wrong, but she'll tell you how you can do it better."*

Parents said that the PEs were often easier to talk with about parenting than their own relatives because *"PEs are more objective. They are not opinionated."* This finding supports the value of a nonjudgmental approach by PEs.

Sociability. PEs felt that it was essential to like a wide range of people, to be *"high on sociability"* and a *"people person."* PEs needed to be able to get to know a great deal about their families, their varying cultural and class backgrounds, their differing life circumstances, and their many personalities, and they had to embrace this diversity.

Perspective. PEs understood that they were both similar to and different from the parents they served. It helped if a PE could understand a parent's lifestyle to make the parent feel comfortable and accepted so that communication between the PE and parent was enhanced. As mentioned above, sharing the parenting role or being similar in age or ethnic background enhanced this sense of similarity and shared understanding between PEs and some parents. At the same time, it could be helpful if a PE was removed enough from the situations directly affecting parents to provide a different perspective on those issues.

> *"I'm not there to be their best friend. I'm there to talk about parenting.... I'm a support system, a support person. So many people don't have a person to talk to about their children who are not critical."* (A PE)

Achieving a balance between these two orientations was a challenge.

Skills Related to Their Parent Educator Role

In addition to their personal characteristics and background, PEs and parents described some skills of PEs in that role that made a difference in engaging families.

Professional skills. Uniformly, the PEs believed that to do their job effectively they needed to have a good background and knowledge of child development and the PAT curriculum. They needed to be well organized and prepared for each home visit ahead of time with the materials and activities to be done at that visit. The parents also reported that they were reassured by having a person who was a knowledgeable observer of their child, who was *"watching over the child's development."*

Balancing multiple roles. Although a major emphasis of the PEs was parent education, which required them to assume a teaching role a good deal of the time, PEs described their work as involving multiple orientations or roles that included early childhood teacher, social worker, parent educator, mental health therapist, and career counselor. PEs reported that they adopted all of these orientations at some time. However, PEs experienced tension in determining which role should be dominant for a particular family or in a particular situation. For instance, PEs stated that they often could not do parent education unless they helped parents deal with pressing issues regarding their mental or economic health, roles more suitable to a social worker or counselor. The comfort level of PEs in these roles was influenced by their training and experience, as mentioned earlier.

PEs reported that if they could achieve an appropriate balance among these roles that helped parents to feel that their own needs were being met, then parents would be engaged in their home visits. But the PEs acknowledged that striking this balance often was difficult and frustrating, particularly with some high-needs families. They placed a great deal of emphasis on the relationship-building aspects of their work, but they also acknowledged that they could not be everything for all families (although this thought disturbed some of them).

Another balance to be achieved related to that between being the teacher/expert and the observer/enabler. For most PEs, the goal of their job was clear and it was to teach:

> *"I am there to teach them about the development of their child. We give information to parents so they can make proper decisions at the proper age of the child."*

> *"I am helping them by moving their skills up to the next level."*

As one PE stated: *"PEs may be the only manual that parents have in terms of information."*

On the other hand, it is a fundamental aspect of PAT that PEs convey the message that the parent is an expert on her specific children, can know the child better than anyone, and is the child's first teacher. One PE explained how she conveyed that message to parents in an early home visit:

> *"Somewhere along the line there always comes a chance for me to jump in and say, 'I know about child development and what babies should be doing at what age, but I don't*

know things about this baby. There never has been a baby exactly like this one and there never will be.'"

Thus, PEs tried to convey both authority and deference to parents in their role. PEs told parents that, as parents, they had important knowledge of their own children, yet the PEs had an important objective perspective on a child's development that was different from a family member's perspective.

Being "tuned in" to parents. Many PEs endorsed the view that the establishment of a reciprocal, respectful relationship with the parents was fundamental to engagement:

"Parent educators have to put out effort so parents put out effort."

Some of this effort involved determining what motivated parents to learn and what parents already knew and did not know. This required good listening skills and the ability to respond appropriately to what was heard. As one PE stated, she tried to

"listen to the family, and respond to their needs and feedback. If you hear them and respond to them, that engages the parents."

PEs indicated that although they had information about child development and ways that parents could promote that development, they needed to present that information to parents in ways that motivated them to change their behavior. They needed to start where the parents were; as one PE described, *"I'm there to affirm what parents already know."* PEs believed that if they listened to the issues and concerns raised by the parents and observed their behavior and cues carefully, they could present information to which parents would be receptive. In essence, PEs tried to work within the "zone of proximal development" with parents—a concept that suggests that learning takes place when new information is slightly above an individual's current level of skill or knowledge, allowing him or her to build on what he/she knows in absorbing the new information (Vygotsky, 1978). To do this effectively, PEs reported that they must

"be good observers of parents. A good PE knows how to read and is in tune to parents' cues."

These skills were presumed to encourage engagement both during and between home visits because PEs focused on the parents' specific concerns, which were communicated to the PE both overtly and covertly. Parents reported that PEs were helpful because they *"try to work on issues that I am going through,"* indicating that engagement was high if the activities and suggestions were directly relevant to the issues that were on the parents' minds.

Conviction and optimism regarding the benefits of PAT. Effective PEs were reported to have a "boldness and confidence" in dealing with people, which came partly from a strong belief in the benefit of what they were doing. Most PEs maintained a generally optimistic attitude about their work and the families they worked with. It was quite common for PEs to express the belief that PAT could be helpful for all families, regardless of their life circumstances. As one PE stated, *"Any family benefits."*

One PE stated her deep-seated belief about the benefits of her work in this way:

"I enjoy PAT. It's a calling for me because I can have a more profound impact on parents."

Even in the face of resistance to or rejection of their suggestions, most PEs persisted with a positive belief in the benefits of their work. One PE, in explaining how she worked with resistant families who reject her information or advice at the time, noted that she was *"planting a seed that will blossom down the road."* Implicit in this comment was a belief that engagement was a long-term process. Many PEs felt that although some of the things they did with families may not have been obviously well received at the time they were offered, they may have longer-term benefits. As one coordinator put it:

"What impresses me is how much the PEs enjoy their job, how fulfilling it is to them. It's a wonderful thing to be doing."

Such comments suggest that PEs had a strong sense of purpose that was reflected in how they did their jobs and, in turn, in how engaged parents were in the program.

The knowledge base to refer to outside services. PEs believed that making referrals for other services, and then continuing to encourage the families to take advantage of these other services, was an important part of their job, perhaps more so for the high-needs families.

"I'm not trained to deal with these issues.... So my role here was to help parents get help."

PEs often relied on connections their programs had with other agencies in their communities in order to make appropriate referrals.

Summary

This chapter has described a variety of qualities and skills that PEs and parents reported as being important in effective engagement of families and effective parent education. They include background characteristics, personal qualities, and professional skills thought to contribute to effectiveness of engagement. The range and number of such skills and qualities are impressive. As one coordinator described the many informational, organizational, and interpersonal skills required of a PE, *"This is not an easy job."*

6 PARENTING AND CHILD DEVELOPMENT AS THE FOCUS OF LEARNING

The conceptual framework we are exploring in this work depicts engagement as a dynamic process between parents and parent educators, each of whom brings his/her background, expectations, experiences, etc., to that process. However, it is not just the participants and their characteristics that influence the engagement process. We suggest that the content of the program that is the focus of their interaction also can influence the extent to which and ways in which parents engage in home visiting. The fact that PAT parents and parent educators are interacting around educational content related to parenting and how it contributes to positive child development, rather than to some other subject matter, can be expected to help shape the dynamics of engagement. We emphasize this point because of the wide range of programs that use home visiting as a service delivery mechanism; programs focused on content other than parenting education may find that the differences in content mediate the experiences they have with parental engagement.

Here, we explore several characteristics of the subject matter of PAT and suggest ways in which it might affect parental engagement.

Parenting Behavior as the Focus

The PAT program differs from many other educational activities in that mastery of information is not the intended purpose; rather, mastery and performance of certain parenting behaviors is the intended outcome of parents' engagement in home visits. Having a good grasp of child development information alone is insufficient to meet program goals. It is through carrying out recommended behaviors with their children (e.g., being astute observers of and responders to children's development, doing specific literacy- and numeracy-promotion activities, employing disciplinary alternatives to physical punishment) that improved child development is expected to result. As one PE put it,

> *"I work mostly toward the parents because if I can impact a change with the parents, it's definitely going to affect the children, so I look at it primarily as working with the parents. If I'm effective with the parent...the parent is going to be a more active parent and they're going to be more attuned and they're going to be talking to their child more and having stimulating toys and the right kind of things for the child to be doing. It's a*

This focus on performing recommended behaviors is shared by many home visiting programs, although the specific behaviors may be different. For example, a health-related home visiting program may promote activities that are more directly health oriented (e.g., stopping smoking, improving diet) rather than focus on child development information, as is the case with PAT. Regardless of the specific behaviors being encouraged, the fact that behavior, not content, was the focus of interactions presented particular challenges in engaging parents.

The kinds of behaviors being addressed by PAT can have deep roots in cultural and familial traditions and may be influenced in complex ways by the immediate situations in which families find themselves, as well as by individual preferences and parents' own experiences in childhood.

Momma whopped me and I turned out all right.'" (A PE)

Because parenting is a key part of maintaining a cultural heritage, some parents were very sensitive to the alteration of parenting behaviors that were seen as having been passed through the generations.

"If it was a cultural thing, it was very hard [to change]. *If everyone was using bottles or putting inappropriate things like soda in a bottle, it was hard* [to extinguish the behavior]." (A PE)

"Discipline was hard [to talk about]. *Because if you had been spanked, then you don't think anything but that spanking is the right thing to do."* (A PE)

Many parents welcome new ideas for parenting. For others, the behaviors promoted by PAT may be unfamiliar or inconsistent or incompatible with parenting preferences or traditions, and the dissonance experienced by parents can be uncomfortable. Many parents work through the discomfort that can accompany new ideas, try the behaviors, and adapt those that work in their specific circumstances. However, some parents may dismiss information and behaviors that do not fit their established mindset, whereas others may confront encouragement to try different parenting behaviors with skepticism, suspicion, or even hostility. These latter stances toward the content of the PAT program can be major obstacles to the dimensions of engagement that follow families "saying yes" to initial enrollment. Families may quit "being there" and "being involved" with content that challenges their existing views of parenting; they may be particularly disinclined to "do the homework" or "look for more" information on parenting that would continue or compound the discomfort of confronting the notion of changing behavior.

General Principles Applied to Individual Situations

PEs provide general information about how typical children develop, as laid out in the PAT curriculum and handouts. They also underscore the implications of child development information for parenting, suggesting a range of parenting behaviors and activities that generally are considered supportive of positive child development. PEs then must contextualize this general information and its implications for parenting and apply them to specific individuals, given their parental, familial, and cultural goals for children and the children's individual characteristics and interests. The extent to which the general information can be shaped to fit the time-bound and context-specific situations of individual families is influenced by several factors:

- **Independent parenting strategies vs. competing parenting goals and needs.** Parents deal with many competing issues involving parenting and their children's development. The PAT curriculum addresses many of these issues, but usually they are addressed independently, when, for many parents, they are interrelated. What research findings suggest about parenting to promote one family goal may contradict what other research findings suggest about parenting to achieve another goal. For example, the goal of family members' receiving

adequate rest—which is well supported by research as promoting family health—can compete with the goal of children's developing self-soothing abilities by letting them work through situations on their own without immediate parental intervention—also well supported in child development literature. However, following the self-soothing advice could lead to prolonged crying during the night, which would disturb others and impede achieving the goal of adequate sleep.

- **Apparent inconsistencies in messages.** Child development research is not a monolith with a consistent answer for every parenting dilemma. Even when valuing the same outcome for children, child development researchers may disagree about the best way to achieve the goal. Thus, PEs may find it difficult to know how and when to apply research to individual situations. Also, parents may find it difficult to reconcile what they perceive to be inconsistencies in the messages they get about children. For example, parents in one focus group session reported that they found it difficult to reconcile the knowledge that their infant was both very capable and yet also could not be expected to understand simple rules.

  "He [the baby] *is so smart. Don't tell me he don't know what I mean when I say, 'Don't touch the stereo.' He shakes his head 'No' and then touches it anyway."* (A parent)

- **A wide range of "normality" in child development.** Typical children reach developmental milestones over a range of months; different children may reach a milestone, such as walking, many months apart and yet still be developing normally. However, the boundaries on the range of normal development are not clearly agreed upon, so that it may be difficult for PEs to know when to alert parents to a potential problem with their children's development. Parents reported being comforted when PEs reminded them that all children develop at their own pace. However, it was harder for parents to accept when a PE expressed concern that a child may have been developing in less than optimal ways. Thus, PEs had to know when to reassure parents and when to encourage them not to ignore a potential developmental delay. PEs also had to be cognizant of their limited training and refer children to others for further developmental screening. PEs said that it was very difficult to reestablish a parent's trust when they suggested that a child might be delayed in some way and the child's physician or an early intervention specialist did not confirm this concern. But more often than not, PEs said that when they sensed that there was a problem with a child's development, others agreed.

  "There have been so many times over the years where you catch them [developmental delays]. *You don't want to discount it when you see something that is a red flag. It is our job to say, 'This may not be a problem, but I have some concern.'"* (A PE)

These challenges to applying general information to the situations of individual families can have implications for parental engagement in home visits that focus on child development and parenting. Parents with competing goals, for example, may not know how to choose between or blend together the apparently contradictory parenting strategies for achieving individual goals. The fact that there is no one right answer for dealing with specific situations may leave parents confused about how to proceed in their particular situation. When PEs and other professionals see the range of normal child

development differently, parents can lose confidence in the authority of the individuals and the information they impart. All of these situations can deter parents from staying with their PAT home visits and, perhaps most importantly, "doing the homework" between visits regarding positive parenting behaviors that can contribute to the development of their children.

Balancing the Child Development "Hype"

American popular culture has rediscovered an interest in the early childhood period, as evidenced by such indicators as a national television show and a cover story in a major national news magazine on that subject and the statewide distribution in one state of music by Mozart, which is purported to enhance the cognitive development of infants. This attention to the importance of early childhood experiences for children's later development is something of a mixed blessing for a program such as PAT. Although the increased salience of early child development encourages general public support for the program's goals, there is a need for the program to balance what PEs described as the child development *"hype"* with a solid, research-based approach to enhancing the development of young children.

Partially in response to the current popularity of early childhood development and approaches to stimulating that development, some parents reportedly are aggressive in trying any available method for stimulating the cognitive development of their young children. PEs said that although they pursue the goal of optimal development for all children, they must deal with the reality that *"not everyone can be above average."*

"[PAT also] *strives to have parents have reasonable expectations of their children."* (A PE)

Helping parents to establish realistic expectations and finding reasonable, balanced approaches toward enhancing children's development can be challenging for PEs with some parents.

Moreover, research does not clearly support a single position regarding whether the achievement of certain milestones could or should be hurried. Although PEs encourage parents to value the role they play in promoting a child's developmental advance, they must be cautious lest parents think that good parenting is evidenced only by a child's unusually rapid development and thus view parenting as the job of getting children to perform advanced tasks.

In a similar vein, PEs reported that they had to teach parents the value of play in a child's development. They had to help parents view child development holistically, considering all components of the child, including social and emotional, physical, and cognitive development.

Concrete Effects of Specific Parenting Behaviors Are Not Always Evident

Even when there is a clear consensus regarding a link between certain parenting behaviors and positive outcomes for children, the strength of the evidence may be difficult for PEs to convey to parents because concrete effects can be elusive. When concrete evidence can be demonstrated, the educational job is easier. For example, PEs said that they appreciate the new PAT neuroscience video

materials because they show physical evidence of the benefits to infants' brain development of frequent and appropriate physical and verbal stimulation.

> *"It* [the brain research] *defines the program. It reinforces what I have to say."* (A PE)

They said that photographs of rotting teeth due to baby bottle tooth decay also were quite effective in getting parents to stop putting their children to bed with a bottle. However, much of what they tell parents about the benefits of certain parenting behaviors for child development cannot so easily be demonstrated with photographs. PEs have to encourage parents to take a leap of faith as they take general research findings and apply them to a specific child and family.

> *"Recommendations* [that were most likely to be followed] *were those where families could see immediate results."* (A PE)

Not only are the effects of parenting behaviors sometimes difficult to demonstrate, they also can be a longer time in developing than some parents are willing to wait for.

> *"If I can't give them immediate solutions to behavior problems, they drop out.... They* [parents] *tune me out and then they shut me out."* (A PE)

Parenting: "Anybody Can Do It"

Moreover, parenting, unlike something like the field of medicine, was not seen by parents as requiring expert knowledge. Good parenting typically was seen as something that was learned through experience, not taught. Even the PEs struggled with the issue of how much parenting could be taught. As mentioned in Chapter 5, when asked about the preferred training of a PE, many PEs thought that parenting experience, although not essential, made being a PE easier. One PE went even as far as saying, *"You need to be something to teach that something."*

The Voluntary Nature of Program Participation

Although not directly related to the educational content of PAT, the fact that participation in PAT is voluntary caused PEs to hesitate in insisting that parents strictly adhere to any aspect of the program. They reported wanting to keep parents engaged in the program, and experiencing parental dropout when they suggested changing parental behavior.

> *"Some families might have gotten offended about what happened in a previous visit* [and dropped out of PAT]." (A PE)

They also did not want to interfere with the natural responsibility parents felt for their children.

> *"But this* [the PAT program participation] *is a voluntary thing. The parent is ultimately responsible for that child. So all we can really do is make suggestions...."* (A PE)

Summary

In this chapter, we have explored some aspects of PAT program content that have implications for engaging parents, particularly regarding promoting the parenting behaviors inherent in "do the homework" engagement. A focus on parents and their parenting behaviors, the difficulties involved in applying general principles of child development and parenting to specific circumstances, balancing the current popularity of child development and child stimulation approaches with a solid approach to child rearing, the frequent lack of concrete evidence of the effects of parenting behaviors, the " nature of parenting, and the voluntary nature of PAT participation all presented challenges to PEs in engaging parents.

As a result of the difficulties inherent in the subject of parenting, certain parenting behaviors were more difficult for PEs to teach and parents to learn and put into practice than others:

> *"It is easier to see* [parental] *follow-up on concrete activities than on parenting skills or changes in behavior."*

> *"Most of the things* [parental behaviors] *that don't change are the things that are really convenient to the parent the way it is. They don't want to go through the hassle of weaning when the child is used to having a bottle. Take the bottle away, the child is going to cry. They are not ready to go through that. If they can easily substitute the bottle for something else* [they might wean]*."*

> *"More of my challenges would be with books and book reading, where families don't have that as a value. They were probably never read to as a child."*

These difficulties in "doing the homework" and adopting some kinds of parenting behaviors appeared to result with all kinds of parents, regardless of how engaged they were on other dimensions, such as keeping home visit appointments consistently and engaging actively with the PE and the educational material during home visits. This observation supports the notion of the multidimensionality of engagement and the independence among at least some dimensions of engagement.

7 STRATEGIES USED BY PARENT EDUCATORS TO PROMOTE ENGAGEMENT

In previous chapters, we have described the characteristics of the participants in the process of engagement in home visits—parents and parent educators (PEs)—and the aspects of the content of the PAT program over which they engage—parenting behaviors and their effects on child development. Here, we focus on the approaches or strategies PEs use to encourage engagement. Some of these strategies have been articulated by the PEs we interviewed, others were implemented in home visits we observed, and some were implicit in the principles reported by PEs as guiding their work. For these strategies, we point out the dimensions of engagement that, implicitly or explicitly, they are expected to affect and, for some, potential inconsistencies or incompatibilities in their effects on different dimensions of engagement.

Enrollment Strategies

Specific strategies to engender "say yes" engagement that leads to enrollment in the program are imbedded in the discussion in Chapter 3. They include the following:

- **Recruitment/enrollment activities carried out by PEs who will provide home visits.** PEs repeatedly emphasized the importance of establishing a bond or trusting relationship with their families. That relationship begins with the first contact between the program and the family. Having that contact made by the same PE who will serve a family is reportedly important in getting families to "say yes" to the initial enrollment and then to carry through and actually begin home visits.

- **Immediate follow-up.** Avoiding delays between initial enrollment and the first home visit is considered essential in maintaining the engagement and enthusiasm that caused parents to "say yes" to the initial enrollment.

- **Reliance on self-referral by parents and referrals through sources that have credibility with parents,** such as pediatricians or other health care professionals. Program staff contend that these sources generate families who are predisposed toward active engagement with the program.

Unfortunately, this latter strategy may not be practical for programs that have a goal of outreach to previously unserved geographic areas or populations. One site in the PAT multisite evaluation, for example, is under a state policy that calls for increasing the proportion of high-needs families the program serves. Reliance on routine recruitment procedures, such as word of mouth among PAT families and referrals by health care providers, may not be sufficient to expand the range of families who "say yes" to program enrollment.

Articulating Parent and Child Benefits

Parental engagement in home visits and the PAT program occurs when parents feel that the benefits of sharing and listening to information about child development and parenting are worth the effort of the interaction. Thus, perhaps the primary task of the PE is to demonstrate to the parent that the program can help the child and family in some way. Benefits must be clearly articulated to achieve the "say yes" engagement that results in program enrollment. Subsequently, PEs must consistently demonstrate those benefits so that parents keep home visit appointments, are actively involved in the visits that occur, "do the homework" between visits, and potentially "look for more" information and involvement in parenting and child development learning.

PEs reported that parents were very responsive to assertions of benefits to children. They believed that all parents want a good start for their children and want to support their children's positive development. PEs focused their assertions of program benefits primarily on benefits to children and appealed to parents' desire to do what is best for their children. This was felt to be quite effective in generating "say yes" engagement.

PEs also reported working directly with children as a way of engaging parents indirectly. They reported that when they presented activities during a home visit that the child could do and enjoy, then, even with hard-to-engage parents, the parent's observation of the child's engagement encouraged the parent's engagement. This is where the PEs' knowledge of the skills that are just on the growing edge of a child's developmental competence and his or her modeling of recommended behavior with a child serve to increase a parent's engagement. However, many benefits to children often were not so readily apparent. Thus, it was often the benefits to parents themselves that supported continued engagement in home visits, after parents "said yes" to enrollment.

Parents reported receiving a variety of benefits from the program; focusing on these benefits was an overarching strategy to achieve and sustain parental engagement. PEs emphasized the importance of their role in *"validating"* parents, repeatedly reminding parents that they were the experts regarding their own children. PEs said things like, *"I let them* [the parents] *take the lead role."* This approach was reported to be highly valued by parents. According to many parents, the PAT program gave them peace of mind and confidence in their parenting. Parents reported that they liked it when the PEs praised them about something they were doing well with their children, or when they noted that the child was developing well. As one parent stated, *"It helps to assure me that I am doing a good job."*

This effort to validate parents as being experts, however, sometimes conflicted with the role of PEs in discouraging negative child-rearing practices and encouraging positive parenting behaviors. If the parent is the expert, what motivation is there to change behavior on the basis of the PE's recommendations? Thus, engendering engagement through making parents feel supported and engendering engagement in behaviors that benefit children were not always compatible strategies.

Parents also said that they benefited from the emotional support and encouragement they received from PEs, particularly when the positive child outcomes of a certain parenting method were not apparent at the time. Some parents noted that they "just like having a visitor," suggesting that the PEs' visits served as social support for many parents. Others endorsed the view that *"I like her as a friend."* Parents also said that PEs provided them with parenting tips and play activities that made parenting easier and more enjoyable. This enjoyment supported and reinforced continued engagement along its multiple dimensions.

Flexibility

One of the most pervasive characteristics of the approaches PEs take to serving families is the flexibility they demonstrate in shaping the content of the visit and their relationships with their families to the specific situations they encounter. This flexibility is revealed in several ways.

Lesson content. Regarding the actual content of home visits, PEs reported having plans for a variety of home visit activities in case the first activity introduced was not well received. They needed to be flexible and able to adjust to changing circumstances:

"I will adapt to the family's situation to make it work."

Delivery mechanisms. PEs also demonstrated flexibility in the ways in which they maintained contact with families, using telephone visits, for example, as an alternative to in-person visits when engaging families face to face proved difficult. As mentioned in Chapter 4, families who had irregular schedules or daily routines had difficulty remaining engaged in the program; flexibility was considered by PEs to be one tool to respond to the unpredictability of the lives of such families.

Some PEs suggested that adapting or expanding PAT's program offerings beyond regular home visits would give them added flexibility in responding to family situations and engaging parents. For example, one PE suggested that some parents who are not interested in continuing with regular home visits once their children become older might be interested in a single visit or a limited number of visits targeted to a particular issue that is pressing at the age of the child, such as toilet training. A group meeting focused on such an issue might also attract parents who would not want to participate in a sustained way.

Frequency of visits. Although PAT routinely operates as a monthly home visiting program, some programs have the resources that enable their PEs to visit families more often, particularly early in their relationship with a family. PEs who had this flexibility reported that it was very important in establishing a bond with families and in getting to know them well enough to target lessons and other resources to meet family needs. However, the caseloads in some programs were sufficiently high (e.g., 50 families) that visiting families more often than monthly was reported to be impossible. In contrast, some PEs in one site worked with a teen parenting program, had a lower caseload, and routinely visited teen parents twice monthly and more often

when doing so was deemed to be important to deal with the specific circumstances of an individual family.

PE roles. Perhaps the most striking, as well as most complex, ways in which PEs used flexibility to achieve and sustain engagement involved the role they played in relationship to the families they served. In Chapter 5, we discussed the ability to balance multiple roles as an attribute of PEs that appeared to facilitate engagement. Shifting roles to meet the circumstances of an individual family was an outgrowth of the skill of PEs in knowing how and when to adopt a particular role. The foundation of the need to shift roles was staying focused on the needs of parents.

PEs needed to move between a focus on parenting issues and a focus on issues that affected parenting but were more adult oriented, such as a domestic crisis, loss of a job or housing, etc. Helping a parent during a crisis, for example, demonstrated caring to the parent and encouraged the parent to develop trust in the PE, which was considered necessary for the parent to accept the PE's parenting advice.

> *"If I don't help them* [parents] *during a crisis, then they don't listen to me about a child development issue."* (A PE)

Some PEs even said that they spent their own money at times to help families meet their needs.

> *"Because I don't care who you are, if your lights are out or your heat is off, nobody cares nothing about child development."*

On the other hand, PEs found that when they got involved in a family's adult issues, parents could become confused about the PE's primary role, and PEs sometimes did not have time to deal with important child development and parenting content. If the PEs acted as social workers or parental counselors and motivators, they reported that it was harder to emphasize the primacy of parenting. Some PEs were concerned that their unique role as child advocate and parent educator was diminished when they took on other roles. As one PE commented,

> *"I think of the child as my client. Whatever is the best for the child is where I want to go. It is easy to get caught up in the personal lives of the families* [and forget the child]."

PEs said that some of what they do is help parents learn to handle stress in ways that are not detrimental to their children and to encourage parents to raise their expectations of what their life and the lives of their children can be. PEs talked about encouraging parents to get more education, pursue a healthful lifestyle that included a balanced diet and exercise, associate with others with similar positive lifestyles and ambitions, and set high goals for their children.

> "[I am there] *to plant a seed of hope so they can build themselves up, improve their lives, and focus on their children."* (A PE)

Although this support was valued by some parents, the behavior changes required to implement these kinds of suggestions could be challenging enough to some parents that they would avoid home visits rather than engage with such difficult issues.

Perhaps more serious is the fact that getting involved in the functioning of a large caseload of families took a toll on PEs. One PE put it this way:

> *"I feel that I would have to work almost 24 hours a day to do the PAT and the case management things.... I want to help them* [the families], *and then I have to decide if it is me or them [that I care for]. Is it my family or theirs?"*

Persistence

In addition to flexibility, the PEs who were persistent in arranging for the visits felt they could generate "be there" engagement more effectively.

> *"PAT can help any family—you just have to stick with them, even in the difficult times."* (A PE)

Persistence also was evident regarding eliciting recommended behaviors from parents in "do the homework" engagement. As PEs noted,

> *"I continue to encourage them in a positive way as much as possible."*
>
> *"In some cases, I have to stay right on top of families to get them involved* [in recommended parenting behaviors]."

However, this kind of persistence was not universal among PEs or programs. Some professionals pointed to the waiting lists of families who were seeking PAT home visits and said that they had misgivings about continuing to work with families who were difficult to engage when other families who wanted to participate were waiting for an opportunity to do so. Research has demonstrated that the philosophy of the PE or his/her program on this point influences their success in engaging hard-to-reach families (Duggan et al., 1999).

Developing a Relationship with Other Household Members

As stated in Chapter 4, some parents faced issues, such as familial and cultural views of parenting, that may have conflicted with aspects of the PAT program. PEs tried to get to know and involve other household members in home visits as a way of developing support for the PAT program throughout the family. This was expected to help parents sustain "be there" engagement, enliven home visits through "be involved" engagement, and undertake the behaviors involved in "do the homework" engagement. PEs also said that knowing parents' friends, family members, school, and place of employment helped the PEs find parents who moved and changed phone numbers and to continue to visit children although their parents were unavailable.

> *"You can't push the grandmothers or older relatives out because a lot of grandmothers are left with the children too. You have got to accept their old ideas and win them over to show them some new things."* (A PE)

PEs said that they tried to get relatives to accept PAT ideas for parenting by talking to them about how the family's current child-rearing methods were not getting the results they wanted or by having household members recognize the inconsistency between what they were currently teaching the child through the methods they used and what they wanted for that child's future. PEs also said that they would listen to the older relatives and then *"slide in something new"* by way of a child-rearing tip they might try. The PEs said that they wanted household members to accept the PAT ideas because they saw for themselves that they worked and helped the child meet family goals, not because they came from *"experts."*

Drawing on Available Resources

Many PEs brought additional resources to bear when working with families as a way of encouraging their engagement in visits generally, but also in "doing the homework" regarding specific parenting behaviors the PEs were trying to encourage.

For example, one program had the resources to give each family at each home visit a children's book to keep. PEs would read a book to an enrolled child during a home visit, modeling for the parent effective ways to interact with the child during a reading activity, and demonstrating through the activity the child's enjoyment of the book and the experience. As mentioned above, demonstrating the benefits to children of PAT activities was one approach to eliciting the engagement of parents in those activities. Over the course of their participation in PAT, children would have taken part in many reading experiences with PEs, and families would have assembled a substantial library of children's books that they could enjoy together at any time.

Some PEs also had access to other toys that they could lend to parents to encourage their engagement with their children in recommended activities. For example, one home visit we observed focused on the child's interest and need to engage in more large motor play activities to stimulate her physical development and coordination. The PE brought a riding push toy to leave with the family until her next visit. The PE showed the child how to use the toy, pointed out to the parent how the child was exploring the toy and trying out new physical activities, and highlighted to the parent how much the child clearly enjoyed the activity. With that positive reinforcement and with the toy readily available during the ensuing month, the PE believed that the parent was very likely to engage the child in the recommended large motor exercise the PE felt the child would benefit from. This particular family had the personal resources to purchase such toys for their child, and the PE planned to recommend that they do so when she retrieved the toy at her next visit, thus enabling the child to continue the beneficial form of play.

Additional sources of information, beyond the PAT curriculum, were other resources PEs brought to bear in serving families. PEs talked about themselves as being *"information brokers"* and *"informers,"* informing parents on the latest wisdom on child development. They believed that the information they provided would *"help parents unlearn old behaviors."* PEs talked about

"empowering parents through information. If parents could just see how many behaviors and issues are related to development, it really gives them a sense of empowerment."

Articles from magazines, information gathered from other PEs, and culturally specific information and tools obtained through staff trainings all were eagerly used to supplement PAT materials for individual families. Of particular interest was concrete evidence of the benefits (or dangers) of particular parenting behaviors, to encourage parents to "do the homework" regarding those behaviors. Neuroscience evidence of the benefits to children's brain development of frequent language stimulation, for example, was welcomed by PEs to support their encouragement of parents' talking and reading to their children from infancy.

Outside resources in terms of social or health services also were accessed by PEs, although some connected families to such resources more actively than others. Whereas most PEs made referrals to programs they thought would benefit families, others went so far as to provide rides to agency offices.

"When you just give a parent a number [a referral] *to call, I don't think it is enough. I think they want more support at that time."* (A PE)

"I am also an advocate for parents, helping to break down barriers [in the receipt of social services]." (A PE)

A large majority of PEs whom we interviewed expressed a desire to have better information and stronger organizational relationships with other social service agencies in order to support the engagement of families by increasing the benefits to them of PAT participation. One PE went so far as to say that if she could *"wave a magic wand"* and do one thing to improve her PAT program, she would house it within a large, multiservice facility that would be a *"one-stop"* location for all kinds of services that could benefit families.

Summary

We have highlighted some of the strategies PEs use, either implicitly or explicitly, to support engagement of families in PAT along the several dimensions of engagement. The foundation of their efforts is to articulate and then consistently demonstrate the value of PAT participation. Their explicit approach often emphasizes benefits to children, although many of their strategies actually involve demonstrating the benefits of program participation that accrue to parents. Being flexible with regard to content, approach, and roles was reported to be central to meeting the needs of the diverse families PEs serve. Understanding the importance of family context to parental engagement, PEs also invested in engaging other members of the household, besides the enrolled parent (usually the child's grandmother) so that the parent would feel supported (or at least not opposed) in her home visit participation and in "doing the homework" regarding recommended parenting behaviors. PEs who had access to more substantial resources, including books, toys, supplemental information, and connections with outside agencies, also reported that those resources could be used to facilitate parental engagement in PAT.

63

8 LESSONS LEARNED AND REMAINING QUESTIONS

Successfully engaging parents in home visiting programs is increasingly recognized as a crucial step in realizing the potential benefits of those programs for parents and children. Yet, a review of evaluations of a wide range of home visiting programs determined that "programs struggled to enroll, Gomby, Culross, and Behrman, 1999, p. 6). In response to a recognition of the importance of key implementation issues, such as engagement, "national headquarters for key home visiting models should bring together researchers, practitioners, and parents to formulate practice standards and guidelines for their own models, and a dialogue should begin to create learning and quality improvement efforts for the field as a whole" (Gomby, Culross, and Behrman, 1999, p. 22).

This report is an effort to stimulate and contribute to that dialogue regarding the issue of parental engagement. Using both quantitative and qualitative data from an ongoing evaluation of one home visiting model, the Parents as Teachers (PAT) program, we have explored the nature of parental engagement, the characteristics of parents and parent educators that may influence the extent to which engagement of different kinds occurs, the aspects of the focus of the PAT program on child development and parenting behaviors that may help shape the process of engagement, and strategies parent educators (PEs) use to generate and sustain engagement. The following lessons result from this work.

Engagement is multidimensional. We often have had too simplistic a view of what constitutes engagement and have focused largely on its absence, rather than its presence. For example, in one program, engagement "referred to participants who, despite repeated attempts by home visitors, never were available for even a single home visit or received only sporadic visits over a six-month period" (Daro and Harding, 1999, p. 171). This example addresses only the most rudimentary notion of engagement—whether families begin and continue with home visits. Our work has attempted to illuminate the greater complexity of the engagement issue, addressing engagement involved in "saying yes" to home visits, "being there" for the visits, "being involved" in the visits, "doing the homework" between visits, and even "looking for more" information on parenting and child development by engaging in related activities other than home visits.

Some dimensions of engagement are independent of others. Our data do not support the notion that being engaged on one dimension necessarily implies being engaged on all others. For example, parents may continue their participation in home visits quite consistently but not follow through between visits by engaging their children with the PAT materials and activities or by trying recommended parenting behaviors.

There is no single profile of an engaged parent. Reinforcing the notion that dimensions of engagement are somewhat independent, some parenting characteristics are significantly related to some dimensions but not others. For example, better-educated mothers were significantly more likely to be rated as highly involved in their home visits and to report carrying out recommended activities with their children between visits, but were not more likely to keep appointments at a rate that would result in a higher intensity of service than were less well-educated parents. Similarly, African-American parents

were the most likely never to begin home visits after enrolling, but among those who did participate, African Americans were no less likely than Caucasians to participate consistently and to "do the homework" between visits. Similarly, teens were commonly reported by PEs as being less successfully engaged. Although dropouts were younger, on average, than persisters and teens were rated by PEs as less involved in their home visits, perhaps surprisingly, teens were significantly more likely than mothers in their 20s to report "doing the homework" between visits and to "look for more" by participating in parenting and/or child development groups.

Some assumptions regarding barriers to engagement appear to be inaccurate. Parent educators reported that activities like having a job and going to school were significant barriers to engagement, as was a general instability or "chaos" in the lives of families they served. However, employment status was unrelated to whether parents dropped out of PAT or to most other aspects of engagement. Those who were going to school were actually significantly more likely than others to persist with home visits, be rated as highly involved in them, and report carrying out recommended activities between home visits. Self-reported dimensions of stress or instability in the home were virtually unrelated to the various dimensions of engagement. Additional empirical work should help to clarify critical barriers to engagement, some of which may be counterintuitive.

"Intangibles" in the lives of families may be significant influences on engagement. PEs pointed to a number of factors that cannot be measured directly but that they believe are critical influences on whether parents engage in PAT. The importance parents place on their role as parents is among these. Cultural and family context factors were acknowledged by both PEs and parents as important influences on whether they persisted with their home visits and engaged in the parenting behaviors recommended by PAT.

Some parent educator qualities were fairly universally reported as crucial to engaging parents successfully. These included being open and accepting of a variety of family situations and parenting styles, sincerely caring about the parents and children the PEs served, and being able to strike a balance between the multiple roles parent educators often are asked to play. Professional skills, particularly their expertise in child development, were reported to be something of a mixed blessing in that, for some parents, the PE's expertise created a distance between the parent and the PE that worked against engagement, whereas other parents appreciated the knowledge base the PEs brought to their relationship. Professional expertise also was in some ways seen as contradictory to the notion that the parent is the expert regarding her own children. Of least importance regarding engagement were background characteristics of the PEs, including their age, ethnicity, and parenting status. PEs who differed on these characteristics could point to families for whom their particular age, ethnicity, educational background, or parenting status was an advantage in engendering and sustaining parental engagement.

The focus of the PAT program on child development and parenting behaviors poses particular challenges for engaging parents that might not be faced by home visiting programs with a different focus. The assumption that benefits to children from PAT accrue largely through the positive parenting skills and behaviors parents learn and practice means that "success" requires behavior adoption or behavior change, not just mastery of knowledge. Parenting behaviors are complex, and changing them sometimes asks parents to "unlearn" behaviors that are deeply rooted in

their own childhoods and family and cultural traditions. It also requires commitment and perseverance on the part of parents, qualities that are difficult for some parents to maintain.

PEs use a variety of implicit and explicit strategies to engage parents. These include strategies geared toward "getting a foot in the door" at the "say yes" stage of engagement, and a variety of strategies to maintain contact with families and to encourage behavior change. The extent to which PEs have access to particular resources can shape their ability to engage parents. Being able to give or lend books or toys to parents, having flexibility in schedule and caseload that permits tailoring the frequency and timing of visits to individual families' needs, and having resources from other agencies available in the community and familiar to PEs or collaborating with the PAT program all appear to benefit PEs and parents in becoming engaged.

As the dialogue continues regarding implementation issues and improvements in home visiting programs, the implications of these lessons may become more clear. Parent educator training is one area where these lessons may help strengthen programs. By understanding the complex, multidimensional nature of engagement, strategies can be developed and honed that may increase the ability of parent educators to engage parents. By understanding the parent characteristics that appear to relate to different aspects of engagement, those strategies might be better targeted toward families with whom they might be most effective. Organizational implications also may be clarified. High caseloads that limit PE flexibility in the frequency and timing of visits and organizational barriers to linking community services might productively be the focus of changes at the community and program levels.

Although these lessons may stimulate and inform the dialogue on home visiting program improvement in important ways, they raise at least as many questions as they begin to answer. These findings come from only one study of one home visiting program. Are they reflective of the experiences of PAT in other contexts or of other home visiting programs? In identifying and operationalizing dimensions of engagement, we used a good deal of data that were gathered primarily with other questions in mind. Are there better measures of engagement? Are there other dimensions not revealed with the data available in this study? There is clearly a substantial agenda of research left to pursue to further illuminate issues of engagement in home visiting programs and their implications for practice. Further empirical investigations can serve to clarify the accuracy of many of the intuitive beliefs about engagement that may facilitate or hinder the ability to implement the best possible programs for families.

REFERENCES

Caldwell, B. M., and Bradley, R. H. (1984). *Home Observation for Measurement of the Environment.* Little Rock, AR: University of Arkansas at Little Rock.

Daro, D. A., and Harding, K. A. (1999). Healthy Families America: Using research to enhance practice. *The Future of Children, 9*(1), 152-176.

Duggan, A. K., McFarlane, E. C., Windham, A. M., Rohde, C. A., Salkever, D. S., Fuddy, L., Rosenberg, L. A., Buchbinder, S. B., and Sia, C. C. (1999). Evaluation of Hawaii's Healthy Start Program. *The Future of Children, 9*(1), 66-90.

Gomby, D. S., Culross, P. L., and Behrman, R. E. (1999). Home visiting: Recent program evaluations—analysis and recommendations. *The Future of Children, 9*(1), 4-26.

Greenstein, B. (1998 February/March). Engagement is everything. *Zero to Three*, p. 16.

Hebbeler, K. M., and Gerlach-Downie, S. G. (in press). Theories of change in the black box of home visiting. *Early Childhood Research Quarterly.*

Olds, D. L., Henderson, C. R., Kitzman, H. J., Echenrode, J. J., Cole, R. E., and Tatelbaum, R. C. (1999). Prenatal and infancy home visitation by nurses: Recent findings. *The Future of Children, 9*(1), 44-65.

Vygotsky, L. S. (1978). *Mind in society.* Cambridge, MA: Harvard University Press.

Wagner, M. (1998). *Assessing the effectiveness of early parenting education and support through home visiting for families with young children: A multi-site evaluation of the Parents as Teachers Program. Report of recruitment results.* Menlo Park, CA: SRI International.

Wagner, M., Cameto, R., and Gerlach-Downie, S. (1996). *Intervention in support of adolescent parents and their children: A final report on the Teen Parents as Teachers Demonstration.* Menlo Park, CA: SRI International.

Wagner, M., and Clayton, S. (1999). The Parents as Teachers Program: Results from two demonstrations. *The Future of Children, 9*(1), 91-115.

Wagner, M., Clayton, S., Gerlach-Downie, S., and McElroy, M. (1999). An evaluation of the Northern California Parents as Teachers Demonstration. Menlo Park, CA: SRI International.